	pletely filled in 3y the funeral director	ers. Pages 1 and 2 should be (illed wit		
	by the attending physician and carr	it. Then please remave carban paper	ny event within 72 houry after death.	
may be reted by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Toy the funeral directar	page 3 shauld be detached far useras the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed wit	the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour offer death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH (19405 Reg. Dist. No. **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	110 000 86 8					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md						
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 4003 Longfellow Street	d. street address 4003 Longfellow Street o. is residence on a farm? YES \(\) NO \(\)					
3. NAME OF First Middle Order of Print First Middle Order of Print Irene Edith Al	Lost 4. DATE Month Day Year OF DEATH August 28, 19 60					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED - female white widowed DIVORCED	8. DATE OF BIRTH August 13, 1904 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.					
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home 13. FATHER'S NAME	Washington D. C. U.S.A 14. MOTHER'S MAIDEN NAME - Mary Bruseke					
(Yes, no, or unknown) . Iff we give wer or delet of service)	ohn H Akers Hyattsville, Md.					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. (c)	Colycl hiefastas.					
7	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq \text{ \infty}					
	D. (Enter nature of injury in Port I or Part II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work	ACE OF INJURY (Home, farm, chery, street, office bldg., etc.) (City or town) (County) (State)					
actual signature PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF BENDYAL (Specify) Sept 1, 1960 Arlington Na	tional Arlington Virginia					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 1 360 Cullus S. Kraus					

A Transport Control . M. C. Landerson, S. L. C. L. tid at 12 mayer 1-128 01292 000 65 0 1 1 20191 - 10191 - - 10191 - -Telegraphic control of the control o Tenen (1 / nr mb., 1-) - 0 walled by The policy from the control of the control of A CHICAGO FIFT THE LOCAL THE STATE OF THE PARTY OF THE PART

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LACE OF DEA	TH		
Pri	nce	Ge	or

3448	Items 5, 10 1 mg/6 5 5-13-60 et	
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived	. 16
a. COUNTY	O. STATE	6 0

a. COUNTY			MARYL		o. STATE	-	b. COUNTY		etore admission)
b. CITY OR TOWN	ce George N (If outside corporate limite nearest town)	its, write c	LENGTH OF STAY IN	V 1Ь	Maryland		ince Geo te limits, write RL	-0	negrest town)
Bhev	erly SPITAL (If not in hospital, g				Woodles	vita.			
d. NAME OF HOS	PITAL IF not in hospital, p	give street odd	dress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Prince	e George Gen	eral H	ospital	1	1,720 68th	Ave.			YES NO
3. NAME OF	Fig	est	Middle		Last	4. DATE	Mont		Day Year
DECEASED		131	Middle		Sr	OF	MOIN		-,
(Type or print)	William		nry		right	DEATH	Aug.		2 1960
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.		375	AGE (In years lost birthday)	Months Doy	AR IF UNDER 24 HRS
Male	MITTOR	WIDOWED	DIVORCED		July 19,1	837	8785 yrs.	months boy	TIOUIS MIII.
10a. USUAL OCCUPA	ATION (Give kind of wark	dane 10b. KII	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE STO	le or foreign cou	444	12.CITIZEN	OF WHAT COUNTRY
	vorking life, even if retired ire d		lway Cler	ale	Mand	h Com-1			(T = A
13. FATHER'S NAME	LIEU	Mal	.Iway Clei		MOTHER'S MAIDEN	h Carol	ına		Us A
IS. FATHER S NAME				1					
	Henry A A	lbrigh	it		Nargar	et Ferr	ell	_	-
15. WAS DECEASED [Yes, no, or unknown]	EVER IN U. S. ARMED FOR I (If yes, give wor or dates of s		CIAL SECURITY NO.	17. INFOR			Addr	355	
[total region of the control of the	nO		9-09-7215	Anna	a Belle A	lbright	Woodla	awn Md.	•
IB CAUSE OF I	DEATH [Enter only one co	ouse peruline !	for (a) (b) and (c) 1	2				1 p	NTERVAL BETWEEN
	DEATH WAS CAUSED BY:	m	- (e) (e) ond (e)	9/	11-0	0.		0	NSET AND DEATH
6.1	IMMEDIATE CAUSE (c	3)	10 con	May	when	660-	-		16_
43	DUE TO	o al	11 1 1		ni.	000	<		
Canditions, il	fony, which) //	130	nentes	Tel .	Mesh	1 1hth	10001	2	13 200
gove rise to		17	1/	7			6		
lying cause to	ng the under-								//
_		-(MAIBITAIN TO DEAT	FLI BLET NICE	051 4750 70 715 750	MANUAL DISEASE	TONIDITION OW	PALIAL DADT 16-	UND WAS AUTORS
PANI II.	OTHER SIGNIFICANT CON	ADITIONS COR	NIKIBUTING TO DEAT	IN BUI NO	KELATED TO THE TER	MINAL DISEASE	LONDITION GIVI	IN IN PAKT 1(0	PERFORMED?
3									YES NO
PART II. (WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part I or Port I	l af item 18.)		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)						,		
\$ 20c. TIME OF IN.	JURY Month, Day, Ye	ar 20d INII	JRY OCCURRED 2	Oe. PLACE	OF INJURY (Home, fo	rm. 20f. (City o	r town)	(Caun	nty) (State
ZOc. TIME OF IN:	m.	While	_ Not while _		street, office bldg.,			,	(0.0.0
₹ p. r	m, 19	ot work	ot work				2-		
21. I certify t	that (1) (Unis Iros<u>pit</u>a	t) ellended	the deceased f	rom 2	-12-60	12	5-8-	196-6	that (I) (we) las
	eased alive on	101/2					an conses on		ate stated above
220. SIGNATURE			and 17 sector 7 dillo 1	nai dedi	decorred dest.	11.011.11	re eduses din	on the de	22b. DATE
	U WILL	11-			ATTENDING PHYS.	MED.	STAFF PHYS		SIGNE
AZC. PHYSICIAN				M.D.		DIRECTOR	PHYS.		
NAME (Type	data 1	0	1112		220 ADDRESS	1 6	1 /2	-2	
	Junh	4	. 11		Maria	n-ve		7/	
23d. BURIAL, CREMA	TION, 236. DATE THEREC	OF I	23c. NAME OF CEMET	TERY OR CE	MATORY	23d. LOCATIO	ON (City, town, o	r county)	(State)
Crematic	on Aug 4.		Ft Lincol			Colman			
24. FUNERAL DIRECT		1900	ADDRESS					TRAR'S SIGNA	THE
***		11 4 4				AUG 8 6		Chan & To	
* . Ur	asch's Sons	myatt	sville, N	ia.	DATE		-	20, 16	A Province

the attending physician and completely filled in by the funeral director, Then please remave carban papers. Pages 1 and 2 should be filed with TO HOSP BY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may by dained by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 27 haurs after death.

ours after death. Page 4

VR A15 (4) 15M 9/59

经济净化 market over Principle and agreement of the resulting more fed white John P. Clim . (4) 244 (4) (4) (4) (4) (4) (4)

deoth. If any defay is necessory, please exert 3 to the funer director. Page 4 should be retained for your files.	M
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any defay is necessory, please execute a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremation.	7
TO DEPUTY MEDICAL EXAMINER: This cute of certificate, writing the word forw ed to the Chief Medical Exam SS TO FUNERAL DIRECTOR: Page 3 should	or removal.

		MARYLA	ND S	TATE DEPARTA	MENT	OF HEALT	H-BA	LTIMORE,	18		
	94	4.3 MEI	DICA	L EXAMINER	'S CI	RTIFICA	TE OF	DEATH	Reg. Dis	1940	7
I. PLA	COUNTY TO	minas Casa	~ ~ ~		- 1	Att - Total		sed lived. If institut			
1		rince Geor	~	-MARYLAN		STATE Mary					orges
Б. С	Tokoma	autside corporate limits, write t	EURAL	c. LENGTH OF STAY IN 1	b c.			porote limits, write	RURAL and	give nearest	town)
				40 Yrs.		Tokoma	Park		Dear		
	428 Etha	at or institution (if an Allen Av		itol, give street address)		STREET ADDRESS	Allen	Avenue	1		RESIDENCE ON A FARM?
DEC	ME OF CEASED pe or print)	James		Elwood	A	shford	4. DATE OF DEATH	August	3	Day	Year 19 60
5. SEX	ale	7771-34-	MARRIEI	NEVER MARRIED DIVORCED	2	26, 190	00	9. AGE (In years lost birthday) 59 yrs.	Months D	YEAR IF UI	NDER 24 HRS.
10a. U.	SUAL OCCUPATION	ON (Give kind of work do	ne 10b. Kl	ND OF BUSINESS OR INDU					12. CITIZ	EN OF WHA	AT COUNTRY?
El	ectricia:	n. even it retired)	Co	nd of Business or Indi		Washing	ton D	. C.	U.	S. A.	
13. FA	THER'S NAME					OTHER'S MAIDEN			-!		
	J	oseph Fran	klin .	Ashford		Georgan	na Gi	rimes			
15. W/	AS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17.	. INFORM			Address			
	Yes	WW 11	100)		Char	les R. A	shfor	d San	ne as	#2	
C. g.o. (o	onditions, if an over rise to immediately, staling the source lost.	diote couse DUE TO	1.	Branch L Lus	ho	Pne	un O	2	Su	INTERVAL BE ONSET AND	4
CERTIFICATION VOIDS				NTRIBUTING TO DEATH BU					N IN PART	(o) 19. WA PER YES	FORMED?
	MARY OF DEATH.	SE WAS NTRIBUTING []	DESCRIBE	HOW INJURY OCCURRED.	(Enter not	ere of injury in Port	t For Port II	of Hem 18.)			
MEDICAL	Hour o.m.	Y Month, Day, Year	20d. IN While of work	_ Not while fo	LACE OF II	UURY (Home, form it, office bldg., etc.	20f. (City	or lown)	(Coun	(אי	(Slote)
		from: Natural co		mains described ab	oave, he uicide [-		nspection, ndetermined co		K, and	find that
EX	CTUAL GNATURE (AMINER'S AME (Type)	DAY701	VI	JWATI	m.b.	CHIEF MEDICAL EX ASSISTANT MEDICAL SERUTY MEDICAL I	AL EXAMINE	_		DAT	E SIGNED
220. BU	MOVAL (Specify)	9/2/60	2	2c. NAME OF CEMETERY C	R CREMA	OPY	22d. LOCA	TION (City, town, or	county)	(51	ote)
				Arlington N	ation	al	Arl	ington,		V	a.
23. FUN	VERAL DIRECTOR	SSIGNATURE		ADDRESS		24a. REC'	BY REGIST	RAR 24b. REGIST	RAR'S SIGN	ATURE	
F.	Gasch	s Sons	H	yattsville, l	Md.	DATE	D 6 'F	io au	hus & t	Trains	

William 14 - 7/3 - 1/5/5 AND AND ADDRESS OF THE PARTY OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY our files. of Health, director, Page a. STATE b. COUNTY Prince George's MARYLAND CITY OR TOWN IT outside corporate limits, write RURAL and give neares flowing 8 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) College Park e. IS RESIDENCE ON A FARM? Wichita Avenue George's Hospital YES NO K NAMEOF DECEASED the (Typa or print) DEATH George Curtis

6. COLOR ON RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Atkins with 5. SEX DATE OF BIRTH 2 wit age 5 may 1 and 2 wit 72 hours a lest birthday)
41 yrs. Months PILE Male Whi te WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? In pencil in hem 18. Give Pages 1, 2 dona during most of working life, avan If retired) Machinist Electronics pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Curtis W. Atkins Ici V. Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) (Ifyesgiya warordalasofservice) Mrs Naomi Atkins. Same as Examiner's Office along with a used as a buriel-fransit permistion, or removal, and in any certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) **DUE TO** Rupture of the liver "pending" gave rise to immadiate cause **DUE TO** (a), stating the underlying be used should be used rial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1891 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word Cirrhosis of the liver 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Driver of an automobile that ran into another car thurs be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 8:20 P.M. Not While 3/60 at work at work Street College Park P.G. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident T Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINED'S should NAME (Type 228. BURIAL, CREMATION, 226. DATE THEREOF Address (Street, city, town, or county) O DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify Dayton. Dayton Cemetery Virginia. Burial 40 6 .16.1960 SONS ADDRESS 73 S. Main St240, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR 2 NUST VS. A15ME Harrisonburg, DATE AUG 1 6 '60 Cirilmo & House 5M 7/59 Rartpar

MARYLAND STATE DEPARTMENT OF HEALTH

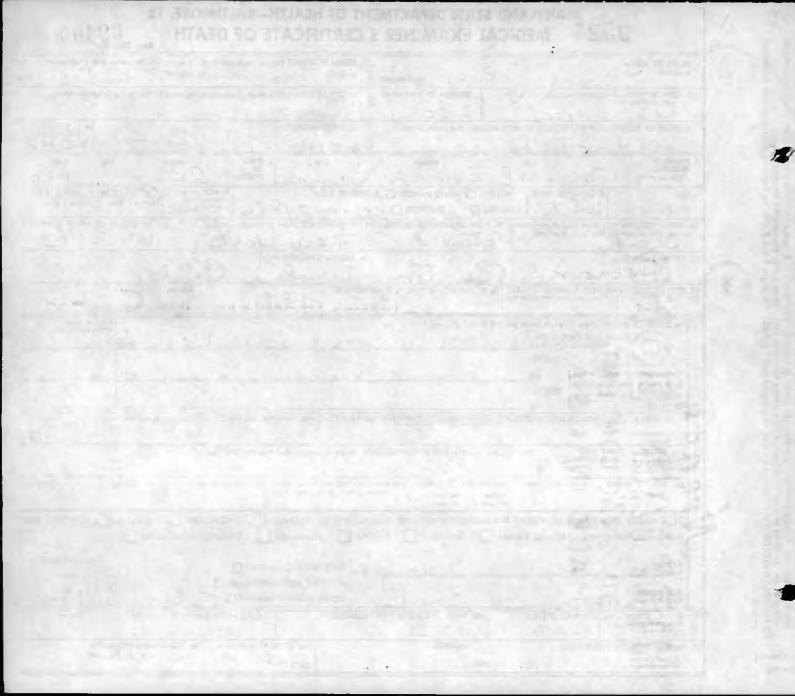
Prince George's Grand Prince George's Graverly 4 names Octions Fark carried of the first the form of the state o Oscores Outlie Ablies August 14, co of Last exalt March 27, 1919 1 Mechinics Virginia Virginia 1. 8. A. Cortina . Adding Tota V. Webster Hen Will Estern-doly Mrs Hooms Athins, Same as # 2 Monda bus assistance nivil and to equilia and the same of th Christian of the liver Talvar of an automobile that can into ravial 8:20 8/13/60 - 1 x 35reet College Fugs 1.5, 10. 0014818 # dans I. boyd

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- To the low arms of the same series

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Rea. Dist. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepted lived. If Institution: Residence before admission) a. COUNTY Y Q. STATE M. - Ab. COUNTY MARYLAND b. CITY, OR TOWN III outside the TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) sctor. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO F NAME OF Middle 4, DATE Month Day Year DECEASED (Type or print) DEATH 19 67 6. COLOR OR RACE NEVER MARRIED 9. AGE Hn years UNDER TYEAR MARRIED T DATE OF BIRTH IF UNDER 24 HRS. Months Days Hours WIDOWED TO DIVORCED F YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during glast of working life, even if ratired) 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAM poges Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN SOCIAL SECURITY NO. Address Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which olang burialgave rise to immediate cause DUE TO (o), stoting the underlying cause last. pending in ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 5 PERFORMED? YES 🖂 NO I 20g. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Pluons Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) cute the trifficate, writing the w farwarded to the Chief Medical D FUNERAL DIRECTOR: Page 3 st factory, street, office bldg., etc.) 0. m. While Not while at work ot work p. m. 21. I certify that I tack charge of the remains described above, held an Autapsy [7], Inspection Inquiry and find that death resulted fram: Natural causes Accident Suicide . Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER [3] DEPU 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Cedar 8-9-60 Suitland Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AUG 9 Orthur L. Thousa '60 Lee Funeral Home. Washington D.C. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

09410

	9450 Item 1	CERTIFICA	TE OF DEATH		
	I PLACE OF DEATH	ALABVI ALID	2. USUAL RESIDENCE (WH	nere deceased lived. If institut b, COUNTY	ion: Residence before admission)
P	Prince Georges	MARYLAND	Mary Land	Die pulside corporate limits, write	ince Georges
	b. CITY OR TOWN (f outside corporate limits, write RURAL and give represt fown)	c. LENGTH OF STAY IN 16	c, CITÝ OR TOWN (IF o	outside corporate limits, write	RURAL and give nearest town)
	Cheverlyn	12 Da.	Chanal d. STREET ADDRESS	aks Md.	e. IS RESIDENCE
>	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	iddress)	d. STREET ADDRESS		ON A FARM?
	Prince Georgeas	Ceneral	5707 Addi	son Rd. N.E.	YES NO
8	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mo	nth Day Yeor
	{Type or print}	Por	cadolia	DEATH	2 19 60
			. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	Molo C WIDOWE	D DIVORCED	6-75-06	e). yrs	
	100. USUAL OCCUPATION (Give kind of work done 10b.)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country	12 CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	unber	-Clinto	- Kot.	W. X. a.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	VAME	2
	- I tom Sarbredall		Kora 1	& hada	(
		SOCIAL SECURITY NO. 17. IN	FORMANT	Add	dress
	(Yes, no, or unknown) (If yes, give wer or dates of service)	8-35-9313	Lair Bar	las dele	5702 oddin Rd.
	18. CAUSE OF DEATH Enter only one couse per lin	e for {a}, {b}, and (c).]	1 1		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY	landa Vin	hear house	La Carrini	ONSET AND DEATH
	IMMEDIATE CAUSE (6).	mayore 1	concer you	e concorr	
	Conditions, if ony, which)				
	gave rise to immediate		,		
	cause (a), stating the under. DUE TO				
-4	/ (4)	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE CONDITION G	VEN IN PART 1(6) 19, WAS AUTOPSY
Tipe	PART II. OTHER SIGNIFICANT CONDITIONS C	ON INDUITING TO DEATH DOT	INVINCENTED TO THE TERM	MAL DISEASE CONDITION OF	PERFORMED?
	W 20- ACCIDINIT INVACABINIDEDINANO III 206 DECC	TRIBE HOW INJURY OCCURRED	\ (E-tan -atuan of injury on	Part Los Port II of item 18 \	184
	20d. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIDE HOW INJURI OCCURRED	z. (Enter noture of injury in	rail for foil if or field los,	
	1 1	TO DIE	CE OF INNURY (H f	205 (0')	15 151-1
	Hour o.m. While		ACE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (State)
	p. m. 19 of work				
	21 1 certify that (I) (this hospital) attend	ed the deceased fram.,	June 19	60 to Quej 3	, 19.60 that (I) (we) last
	sow the deceased alive an aug 3.	19 6 () and that d	eath occurred at8	Mortrom the causes a	nd an the date stated above
	220 SIGNATURE	1.		No. of Sec.	22b. DATE SIGNED
	Stary 1. Carl	Y-82		IRECTOR STAFF	Clug 3, 1961
	22c. PHYSICIAN'S NAME FURTHER No. Carlton	· I	22d ADDRESS	WON DULL	11/2 Co
	Dr. M. N. Carlton		940-25	80, Milly	WOON IIN
	230. BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, Iown,	or county) (State)
	Burist c	Hanner 77	Leword Vack	7601 Shoule 1	rd. Tul.
	24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	250 REC		ISTRAR'S SIGNATURE
	O Remonetin Ser	us 464-6	I A ALGOATETE	8 160 Cat	Ing S. Kraus

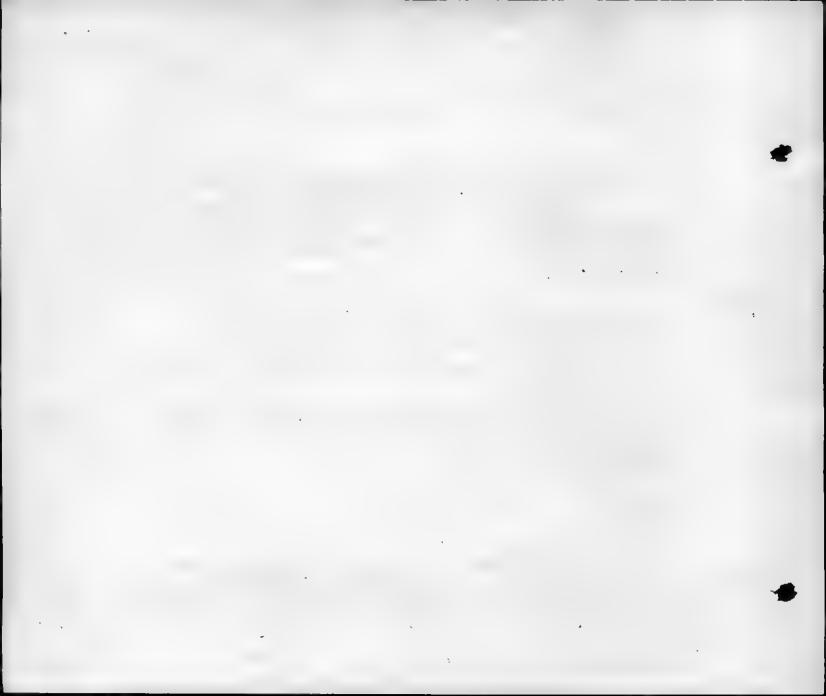
TO HOSPIT VR A15 (4) 1SM 9/S9



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9525 CERTIFICATE OF DEATH (19411
rs after deoth. Page by the funeral director 12 shauld be filed will	1. PLACE OF DEATH O. COUNTY MARYLAND B. CITY OR TOWN (If autside carporate/limits, write RURAL and give nearest lown) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) O. STATE O. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
e be executed within 24 h/m an and completely filled m corbon papers. Pages I and affer death.	3. NAME OF DECEASED (Type ar print) 5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED NO. SINDUSTRY 11 BIRTHPLACE (Stote or fareign country) 100. USUAL OCCUPATION (Give Vind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fareign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
he law requires that the death certificate physician. The been signed by the attending physicial-transit permit. Then please remove anatal, and in any event within 72 haurs.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT BY Address (If yes, no proglationer) (If yes, give war or dates of service 218-03-922 2 Che 21 B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if only, which gave rise to immediate cause (a), stoting the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
D HOSPITAL OR ATTENDING PHYSICIAN: The may be the bined by the hospital ar attending of UNERAL DIRECTOR: After this certificate hagge 3 should be detached for use as the burithe registrar prior to burial, crematian, ar rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) 20c. CONTRIBUTING CAUSE OF DEATH (IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f (City ar tawn)) (State foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, foctory, street, office bldg., etc.) 20e. P
O O O O O O O O O O O O O O O O O O O	Burial 8-19-60 Fleasant Grove Cem. Bowie, haryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Johnson's mortuary, 34 Lafayette Ave., Annapolipate Aug. 18'60 Called S. Hama Md.



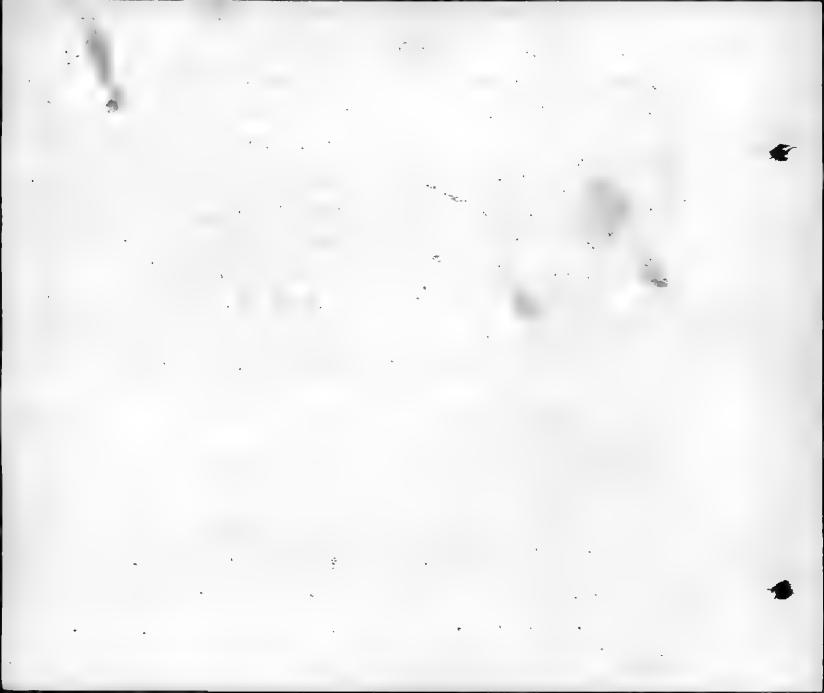
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

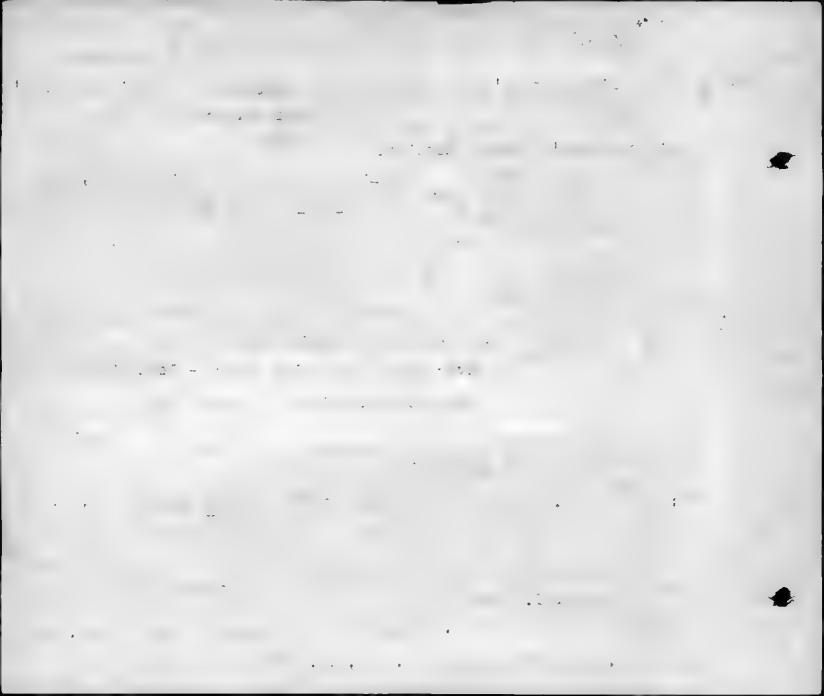


	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	44.4
_		7	9527 CERTIFICATE OF DEATH Reg. Dist. No.	414
Page 4	director.		1. PLACE OF DEATH) . o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution residence before the county in the county	
leath.	l be f		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary)	arest town)
s after d	by the fur		d. NAME OF HOSPITAL (If no in hospital, give street address) OR INSTITUTION 2210 DAMESON ST. 2210 DAMESON ST.	8. IS RESIDENCE ON A FARM? YES NO D
A have	and I	Ī	3 NAME OF First Middle Last 4. DATE Month Do	
hin 24	oges oges	- }	(Type or print) / Eq INA M. BECK DEATH Hyg 10	19 6 C
D Wil	rs. P		S. SEX 6 COLOROR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER) YEAR lost birthdax) Months Days WINTE MALE UIN TE WIDOWED DIVORCED MARCH 19 1882 1875.	Hours Min.
exacute	nd campan pape death.		Hoysewite Dougestic Marylined 4.5.	WHATCOUNTRY
ite be	carbi		13. FATHER'S NAME LAUISE HENTCHEL	
rrifice	physic smave haurs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yas, no. or unknown) (II yas, give wor or dates of service)	. ~
5	ding ase)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	ERVAL BETWEEN
e dec	ald in selection and selection	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	SET AND DEATH
hat th	y the The		Conditions if any which) DUE TO Head to Haterun Broke Cordwood Rome	
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requian.	nsit p		lying couse lost. (c)	
Th≡ law pllysic	as bae rial-tra maval,	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9. WAS AJTOPSY PERFORMED? YES NO
ANS	he bu		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)	
neysiei al ar atte	his certif r use as t ematian,		20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not while of work o	{Stote
ING PART	of far		21. I certify that I attended the deceased fram 7, 1958, ta 8 /// 1960, that I last sav	
TENE	OR: A etach a buri		alive an, and that death accurred at 1:15 AM, from the causes and an the date ADDRESS (Street, city or town, slote)	stated above
ed by	Pe d in a	,	SIGNATURE STEWOOF LENGTHERY M.D. 2901 Fairlain 25 & SE	8/11/6
	shauld strar p		PHYSICIAN'S David Lenardys Wash. LI, O.C	~~~~~~~
HOSP ny be	rune rege 3		220 BJRIAL, CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, Iown, or county)	(Stote)
o E	5 g =	1	22 FUNERAL DIRECTOR'S SIGNATURE TOUR ADDRESS OF 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	RE
VS ≡ ISM	15 (4) P/SB	V	Aranisa W. Willy 2 10 1 Hadrick for DATE AUG 15'60 arily 8. Know	LA.



BALTIMORE 1. MARYLAND FOR STATE HEALTH DERT. 2. USUAL RESIDENCE (Where deceased lived, if institution Report be bre admission) 1. PLACE OF DEATH a. COUNTY a. STATE 5 COUNTY is nec. director, Pa. George ' Prince MARYLAND Prince George b. C.TY OR TOWN (if outs da corporate limits, write RURAL end give nearest town) Cheverly Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Box 2085 YES X NO F George's General Hospital 3. NAME OF 4. DATE Month DECEASED OF the Earl Mathew Belt (Type or print) DEATH August 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF B.RTH AGE (In years IT UNDER 1 YEAR, IF UNDER 24 HRS last buthday) Colored WIDOWED FT DIVORCED | -18Male TDe. USUAL OCCUPATION (Give kind of work I JOB, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] Maryland U.S.A Farm Laborer pages 1 Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie (Belt) Samuel Belt Sellmen 110 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Annette Belt Box 2085 Upper Marlboro, M 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN .⊑ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (e) Office burial the Iliac Artery - KKKK right Severance of gave rise to immediate ceuse DUE TO (a), stating the underlying Gan shot wound of the abdomen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6/11 72: WAS AUTOPSY CERTIFICATION PERFORMED? 8 YES TO NO blood , 2Da. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Ilam 18.) CAUSE OF DEATH. Shot during an altercation | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.] Sunset Inn Upper Marlboro P. G. Md **(b)** ⊕ at work 😿 21. I certify that I took charge of the remains described above, held an Autopsy 😾 Inspection 🕱. Inquiry 50 and in my opinion 20 Suicide Homicide + Undetermined manner death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER THE EXAMINER'S NAME (Type) 220, BURIAL, CREMATION, SMES I Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) Burial 8-16-60 Mt. Carme. 0 240 g Upper Marlboro M 24s. REC'D BY REGISTRAR'S SIGNATURI ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Myrtle K. Rollins 4339 Hunt Pl., N. E. D. C. DATE AUG 16'60 5M 7/59 arthur S. Thous

RYLAND STATE DEPARTMENT OF HEALTH



9453

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

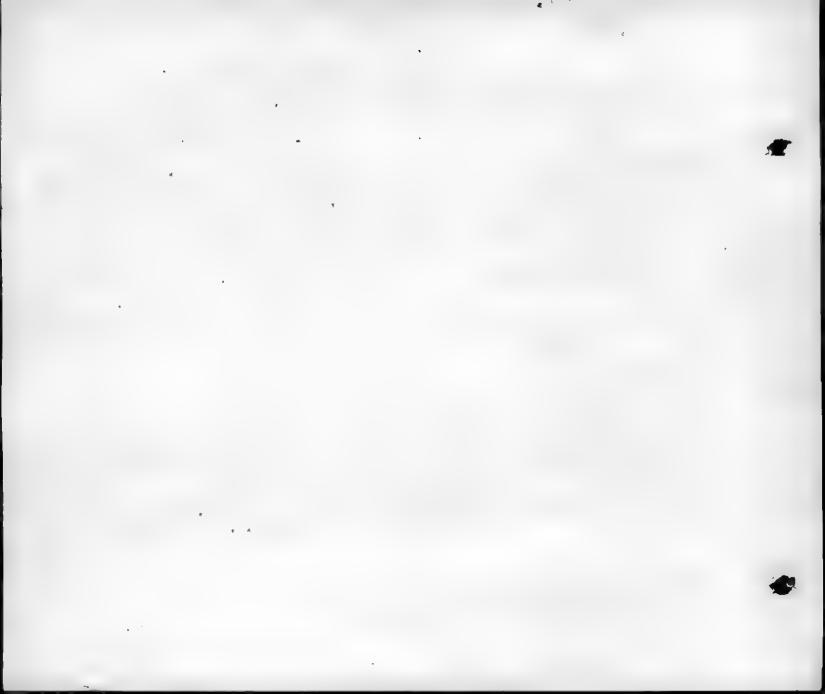
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			_	CERTIFICA	TE OF DEA	IH		003	10	
	. (PLACE OF DEATH O. COUNTY Prince	Georges	MARYLAND	2 USUAL RESIDENCE Maiyland	E (Where deceased Pr	lived. If institution	n-Residence b	efore admis	sion)
		KUKAL ond give ne		5 Days	3	N (If outside corpordover	ate limits, write RI	URAL and give	nearest low	n}
٧		OR INSTITUTION	X (If not in hospital, give str. George Genera	eet address)	d. STREET ADDRE	ss d Landove:	r Road			SIDENCE FARM? NO X
	- 1	NAME OF DECEASED (Type or print)	Sadie First	R Middle	Bickley	4. DATE OF DEATH	Aug.		.3	Year 1 60
	S. S	Female	White	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	1877	AGE (In years last birthday) yrs	Months Do	-	ER 24 HRS Min
	100	. USUAL OCCUPATIO during mast of wark Housey	ing life, even if refired)	Ob. KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE	(State or foreign co Germany	untry)	12 CITIZEN	OF WHAT (COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S MAII	DEN NAME				
\mathcal{I}			Rankin		Unk	nown				
	15. (Yes	WAS DECEASED EVEN	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT		Addr	·ess		
			no	none (orge Bick	cley	Landove	r Md.		
		18. CAUSE OF DEATH [Enter only one course set hine for (g), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH								
	ATION	Conditions, if ar gove rise to in couse (a), stating I lying cause last. PART II. OTH	nmediate DUE TO (c)	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERFC	AUTOPSY PRMED?
	L CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206 (CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ry in Part I ar Port	II of item 18.)		1 163 []	но 🗌
	MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	W		LACE OF INJURY (Home actory, street, office bidg	, farm, 20f (City j., etc.)	or town)	(Cour	ty)	(State)
		21 I certify that saw the deceas		ended the deceased fram.	death accurred of	1 1 1 10	he causes an		that (1) (ate stated	
		220 SIGNATURE	D.A.		M.D. ATTENDING	MPD DIRECTOR [STAFF PHYS	8.1.	J-60	DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	A Deitz		22d. ADDRESS	turce.	lef.	The same of the sa		
ı		BURIAL, CREMAT OF REMOVAL (Specify)	8/18/60	23c. NAME OF CEMETERY OF Lincoln	Cemetery	_	on (City, town, car Manor	h #	(Sto	le)
	24.	FUNERAL DIRECTOR	SIGNATURE	ADDRESS	2Sa	REC'D BY REGISTE	AR 256 REGIS	STRAR'S SIGNA	TURE	
k		F. Ga	asch's Sons	Hyattsville Mo	DAJ.	NG 19'60	arch	on & Hear	.4	

TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Page 4 may be read by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled they will be housed for use as the burial-transit mermit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 22 hours ofter death.

VR A15 (4) 1SM 9/S9

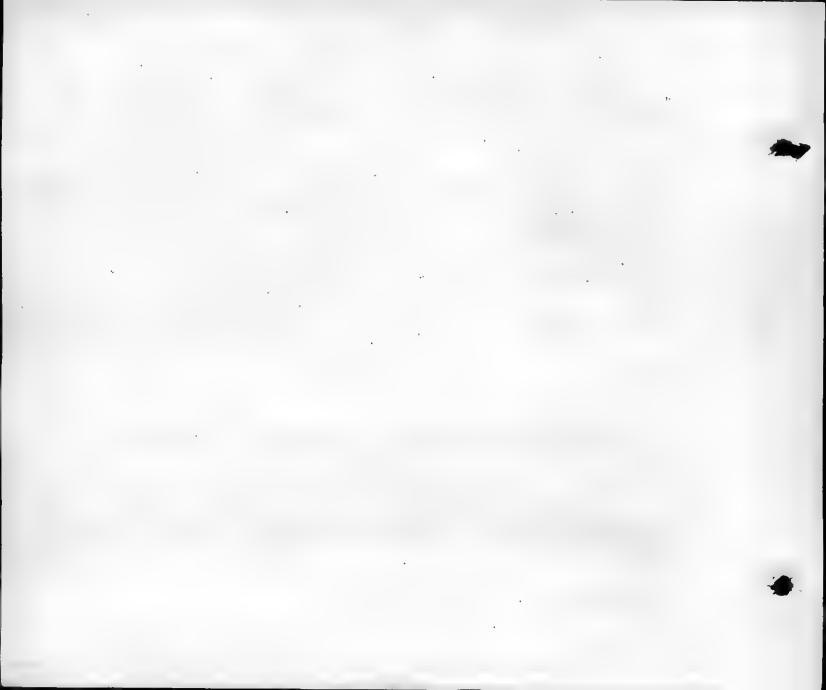


VS A1S (4) 15M 9/58

09417

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY
	o. STATE HOLLING MARYLAND O. STATE HELL & COUNTY June 160
	b CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN If outside carporate limits, write RURAL and give nearest fown)
	That I come (wow 6 41). I loute Conscionor
7	d. NAME OF FLOSPITAL (If not in/hospital, give street address) OR INSTITUTION ON A FARM?
L	Missour Kest Howel 6003 (ccd.) YES NOT
3	NAME OF DECEASED A First Middle Lost 4. DATE Month Day Year
	(Type or print) (QTQ X 1 /X Or C C11 DEATH (1141 29 1960
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED BATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.
_	The property of the property o
100	2. USDA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	truestic mariene, 116. 4.2. H.
13.	FATHER'S NAME / / 14. MOTHER'S MANDEN NAME
L	Milliam Clipp Unic Caisting,
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. JNFORMANT [If yes, give wor or dates of service] Address
	'no time o W. C. (2) -6063 Vaid &
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)
	234 V DUE TO / T
	Conditions, If any, which) (b) 17 62 625 C(11012
	gave rise to immediate cause (a), stating the under DUE TO
	lying couse lost. (c)
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICATION	Tatual Canditions & age, and - 1 cut - YES NO
	200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of ilem 18.)
L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEC	Hour o. m. While Not while at work at
	21. I certify that I attended the deceased from 1 - 17 - 1960, to 8 - 29 - 1960 that I last saw the deceased
	alive an 5 - 29 - 1860, and that death accurred at 201M, from the causes and on the date stated above.
	ADDRESS (Street city-er town, state) DATE SIGNED
	SIGNATURE FETUL CHILLIAS CLIMAN 100 CONTROL COMPENSION AND 100 CONTROL COMPENSION OF S1916
	PHYSICIAN'S JOHN WIRODINSON, M.D.
220	2. SURHAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	REMOVAL (Specify) S-30-60 MARION N.C.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	Jenny & Washington Jes 49 ds sleene 305 SEP 1 '60 Cuthur S. Knows



VR A15 (4) ISM 9/59

9454

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

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ARCH AND RECORDS — BALTIMORE 1, MARYLAND	094i
FICATE OF DEATH	

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1.	PLACE OF DEATH	George		64 6 P.V.S	- 11	g. USUAL RESIDENCE (WH				befare admis	sion)	
\vdash						Maryland Prince deorge						
	 CITY OR TOWN (If RURAL and give nec 	fautside carporate limits, arest tawn)	write c.	LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	•	ote limits, write Rl	JRAL and give	nearest tow	m)	
L	Cheverly	AL (If not in haspital, give		2 Days		Mt. Rainie	er					
1	d. NAME OF HOSPITA	AL (If not in hospital, give	e street add	ress)		d. STREET ADDRESS				e, IS RE	SIDENCE A FARM?	
栏		orge Genera	1 Hos	pital		3210 Per:	ry Stre	eet		YES [NO 🗌	
3	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Man	th	Day	Year	
	(Type or print)	John		T		Bostick	DEATH	Aug. 4		4	19 60	
5	SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH	5	AGE (In years last birthday)	IF UNDER 1 Y			
L	Male	White w	VIDOWED [DIVORCED	X	Nov. 5 - 190	5	54 yrs	Manths Do	ys Haurs	Min.	
100	USUAL OCCUPATIO	N (Give kind af wark dai ing life, even if retired)	ne 10b. KIN	ID OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE (State	ar foreign cou	untry)	12 CITIZEN	OF WHAT	COUNTRY?	
	Unknown	ng ma, even ii lemeuj				Maryland	Į		U	SA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	John Thom	as Bostick				Mary Port Person	Hr Ma	ry Browe	r			
15.	WAS DECEASED EVER	R IN U. S. ARMED FORCE		CIAL SECURITY NO.	1	DRMANT		Addr	ess			
1	No or urknown) [1	1 yes, give wor or ourse or survi	1		H	ospital Reco	rds					
	1B. CAUSE OF DEA	TH [Enter anly and cause	e per line fo	ar (a), (b) and (c).]		1.				INTERVAL B		
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		1.270	ru b	UPA Onic	(A)	cenam	()	ONSELANI	nes	
	1115	DUE TO					-0- /					
	Canditions, if an	w which)				0						
	gave rise to in	nmediate (DUE TO										
	cause (a), stating the <u>under-</u> lying cause last.											
z		FR SIGNIFICANT CONDI	TIONS CON	ITPIRITING TO DEAT	TH RUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART I	0) 19 WAS	AUTOPSY	
CATION	TARI II. OTR	EK 3/3/4// ICA/4/ CO/4D/	10143 0014	TRIBOTINO TO DEAT	IN BOT IN	OT KEDATED TO THE TERMI	INAL DIJEAJE	CONDITION ON	CIA HALVEL II	MERFO	ORMED?	
15	20. ACCIDENT INCA	C (INDERIVATION ET TO)	OL DECCOUR	25 110311 15 15101 0.5	CURSER	en a la constituta de la	David Law Bank	11 -6 (ton 10)		YES	NO 🗆	
CERTI	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER	OB. DESCRIE	BE HOW INJURY OC	CUKKED.	(Enter nature af injury in I	ran I or ran	II of Irem 10.)				
MEDICAL		Y Manth, Day, Year			De PLAC	E OF INJURY (Hame, farm ry, street, affice bldg , etc.	, 20f (City	ar taws)	(Cau	nty)	(State)	
Se Se	Haur a.m.	19	While at work	Nat while	Latia	ry, street, diffice blog , etc	-/					
		t (I) (this haspital)			A1	10. 2 10	60 10	Aug. 4	10 60	that (I)	Ival last	
		ed alive on <u>Aug</u>				oth occurred at 51.		ho causes on				
	22a SIGNATURE	ed dilve oil Mile	5/1/	2. 17 QQ , and 1	nor de	ani occorred di p	ו יומסיד קאיד	ne couses on	a on the u	a 2	26 DATE	
	77	TARMON (1		laxano	24 M	D. ATTENDING MI	ED.	STAN	4	1000	SIGNED	
	22c PHYSICIAN'S	101111		CD 1 CD	1	22d. ADDRESS	INCCION L	11113.901		7	, ,	
	NAME (Type)	THOMAS OF. 1	MALONE	EY (2205 - Che	everly	Ave. Che	verly	. Md.		
23	a BURIAL, CREMATION	N, 236, DATE THEREOF	2:	3c. NAME OF CEME	ERY OR			ON (City, town, o		(Sto	tel.	
	REMOVAL (Specify)	Aug. 5th-	1-	Cedar Hil	1 04	meterv		and, Mar		(310	110)	
24	FUNERAL DIRECTOR'S	1.0.	~	ADDRESS (0)	16	250. REC'	D BY REGISTR	-	TRAR'S SIGN	ATURE		
k	Lema	none/1=	Sugar	, 140A	25	SA SA DEDATE A			Thung 8 1			
1	1		- V V.	<i>y</i>	-	Samuel M		- 1	"RHHIT A ?	Lines		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09419

9455

	1 P	LACE OF DEATH				2 USUAL RESIDENCE (Who	ere deceased)	
	0	. COUNTY	Prince Ge	orge	MARYLAND	o. STATE Marylane	d	Ann Arunde	1	/	
	b	CITY OR TOWN	(If outside corporate	limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corpore	ote limits, write RURAL o	nd give nearest town)		
		Cheve		1	16 Hr	Annapoli	s Junc	tion			
1	c		ITAL (If not in hospita	il, give street add	iress)	d. STREET ADDRESS		16 -	e. IS RESIDE	NCE RM?	
			George Gen	eral Hos	spital				YES N		
		AME OF		First	Middle	Lost	4. DATE	Month	Day Yea	ır	
		ype or print)	Helen		M	Boswell	DEATH	Aug - 25	25 19	60	
	s. s	EX	6 COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	4	AGE (In years IF UN lost birthday) Mont	DER 1 YEAR IF UNDER 2	Min.	
		Female	White	WIDOWED		June 7, 188	<u> </u>	71 yrs.	Doy's Troots	791111.	
	10a	USUAL OCCUPAT	ION (Give kind of working life, even if rej	rk done 10b. KIN	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign co	untry) 12	CITIZEN OF WHAT COU	INTRY?	
		Ma	usemple		Hame	Centernet	le_	Md	USA		
	13 1	FATHER'S NAME	0 00	1 10	n	14 MOTHER'S MAIDEN N	IAME		_		
		Samu	el Clark	, all	en	Mary	KK	llale			
		WAS DECEASED EV	ER IN U. S. ARMED 1	ORCES? 16. SO	CIAL SECURITY NO. (17)	FORMANT TA	//	7 Address	1 -	5.	
		cro		7.00	- Y	rne Mille	a la	mapaley	Junction	M	
		18 CAUSE OF DE	EATH [Enter only one	couse per line f	for (o), (b), and (c) 1	17 11	,		INTERVAL BETW		
		PART 1. DEATH WAS CAUSED BY Trucks Shownership he should									
		A UIOUE TO D AC DA									
		Canditions, if ony, which is the ellichts of the									
		gove rise to immediate Couse (a), stating the under DUE TO									
		lying couse lost. (c)									
	CATION	PART H. O	THER SIGNIFICANT C	ONDITIONS COM	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVEN IN	PART 1(o) 19. WAS AUT PERFORM	TOPSY IED?	
	3								YES N		
	CERTIF	OR CONTRIBUTIN	YAS UNDERLYING [] IG [] CAUSE OF DEA IY MEDICAL EXAMINE	TH	BE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port	II of item 18)			
				7	INV DECLIARED 100- BI	ACE OF INTRIBY (Harry Cons	205 /5/4	4>	10	454-4-1	
	MEDIC	20c. TIME OF INJU Hour o. m		While	Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.		or town)	(County)	(Stote)	
	×	p. m		or work [at work		1				
		21. I certify th	at (I) (this hasp	ital) attended	the deceased fram		_	-	9.60, that (1) (we		
			ased alive on £1	har Lu	1948 , and that a	leath accurred at 6	MeMam I	the causes and an			
		220 SIGNATURE	ent Sla	l'al ans	e	M.D. PHYS DI	D.	STAFF PHYS	22b D 5	IGNED	
		22c. PHYSICIAN'S	17 / /	C hea	1	22d. ADDRESS		at +	1 10 0	,	
		NAME (Type)	11012017	2.11-0	reney 11	U. 409-1	lain	STLIRGIN	101,114		
	23o	BUR AL, CREMAT	ION, 236, DATE THE	REOF 2	23c NAME OF CEMETERY O	R CREMATORY	23d LOGATI	ION (City, town, or coun	ity) (Stote)		
	1:	REMOVAL (Specif	" llug 2	7 1960	Sorraine,	Park Cem	Bas	temare	mel		
	24	FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS	250 REC'I	BY REGISTE	AR 25b, REGISTRAR			
	D	ellett	Wanald	un X	aurel M	DATE A	UG 3 0 '6	OU Chillian	1 S. Time		

rs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

may be . Let by the haspitol or attending physician.

TO FUNERAS DIFFIRM: After this certificate has been signed by the atming physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be firsted with the State Board of Health priar to burial, crematian, ar nemaval, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59



VS A15 (4) 1SM 9/55

•		3.
ely filled the funeral director.	Pages 1 and 2 shavid be filed with	(
physician and campletel	nit. Then please randve carbon papers. Pages 1 and 2	hours after death.
cate has been signed by the attending phy	Then please rg	, or remaval, and in any event within a
n signed by	nsit pern	and in any
icate has bee	or use as the burial-tran	or remayal,
this certificat	of use as t	rematian,

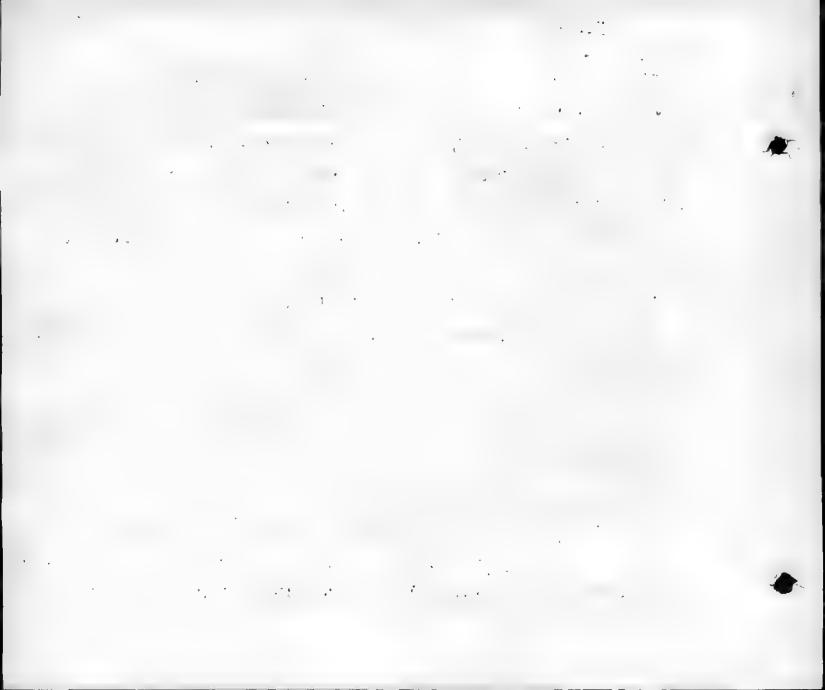
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9508 CERTIFICATE OF DEATH

09420

L.,	300	() CERTII	1971	L OI DEATH		Reg. Di	st. No.		
1.	PLACE OF DEATH O. COUNTY Prince George	1S MARYLA		USUAL RESIDENCE (Who o. STATE Marylar	_	AT ATTACA DE ATTACA	George		
	b. CITY OR TOWN (If autside carporate limits, v RURAL and give negrest tawn) Laurel, Md.	c. LENGTH OF STAY IN	1Ь	E. CITY OR TOWN (IF or			give nearest ta	wn)	
L.	d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION urel General Hospita	•		d STREET ADDRESS			ON	A FARM?	
1	NAME OF First DECEASED James (Type or print)	Samuel	Bra	dy sr	4. DATE OF DEATH	Month August	Doy 4	Yeor 19 60	
5.	male white	MARRIED NEVER MARRIED	<u> </u>	ept 15, 189		E (In years IF UNDER birthday) yrs.	Days Hour	DER 24 HRS.	
	USUAL OCCUPATION (Give kind of work dans during most of working life, even if retired) Truck	106 KIND OF BUSINESS OR Farmer		Maryland	i		S A	T COUNTRY	
13.	FATHER'S NAME		1	4 MOTHER'S MAIDEN N	AME				
_	John A Bra			Rosella	a Henry				
15. (**	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Gertrude S Brady High Bridge								
	PART I. DEATH WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: WAS CAUSED BY: DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-	per line for (a). (b) and (c).]	100	leso co	letion -	0-1).	INTERVAL ONSET AN	BETWEEN DO DEATH DUY S	
CERTIFICATION	PART II. OTHER/SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH		Cun			PERF	AUTOPSY ORMED?	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(
MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20 While Not while at wark at at wark	e. PLACE foctory	OF INJURY (Hame, farm, , street, affice bldg., etc.)	20f (City or tow	m) (6	County)	(Stote)	
	21. I certify that I attended the de ofive on ACTUAL SIGNATURE	, , , ,	eath oc	coursed at 3 304	- / /		he date sta		
	PHYSICIAN'S B. P. Warren	n		Lauı	rel, Md.				
220	Burial, Cremation, 22b. Date Thereof REMOYAL (Specify) Burial Aug 6, 19	22c. NAME OF CEMETE				City, town, or county) Manor, Md	(St	ste)	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE		
	F. Gasch's Sons	Hyattsville,	Mary	land, DATE AU	8 '60	arling 8	Thous		



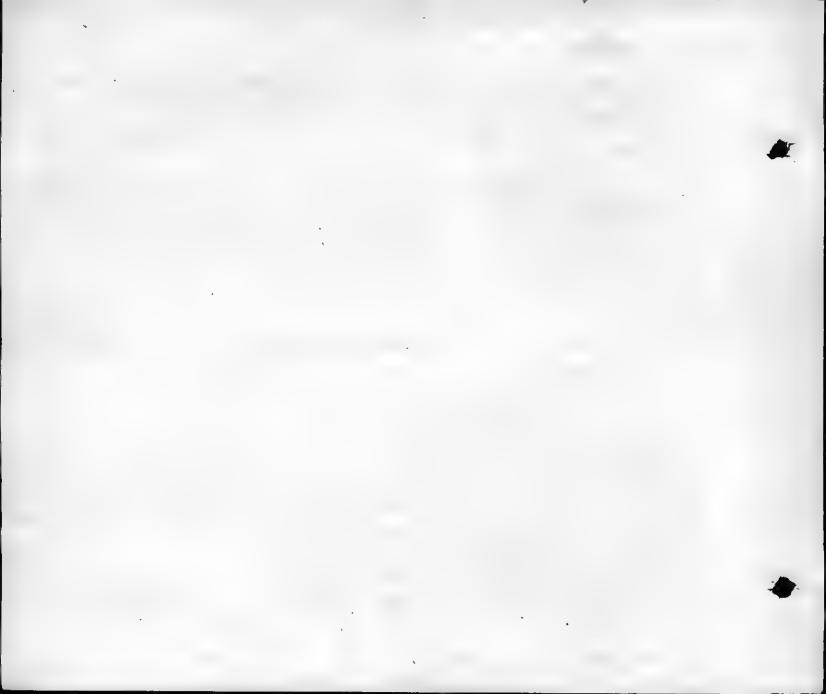
1				MARYL	AND STA	TE DEPART	G-273	OF HEAL	TH—BAL	TIMORE, 1	8 09	421	
	£			9529		CERTIFI	CATE	OF DEA	TH		Reg. Dist. I	No.	
director,		1.	PLACE OF DEATH a. COUNTY PRINCE	GEORGES	•	MARYLAI	a. S	TATE	(Where deceased	d lived. If institution b, COUNTY		perfore admission)	-
				If autside carparate limi	ts, write c. LEI	NGTH OF STAY IN				rate limits, write R	URAL and give	nearest town)	
		-	ANDREWS	ATR FORCE TAL (If not in haspital, g		DAY		WASHING		4	7 X	e. IS RESIDENC	E
92	(= %/	L	USAF_HO	SP ANDREWS,	WASH 25	S DC		1222 11	Street S	SE. Apt 3		YES NO	
J an		3.	NAME OF DECEASED	Fin	sl	Middle		Last	4. DATE OF DEATH	Man		Day Year	
Pages		5	(Type or print) SEX	DEREK 16. COLOR OR RACE	NEWBOR	JUSTIN		BRAKE OF BIRTH	DEATH	9. AGE (In years		18 19 6	
=			MALE		MIDOMED [DIVORCED [10/0	last birthday)	Manths Day	1 .	<u>رب</u>
comple popers. ath.		100		CAUCASIAN ON (Give kind of work of			- 1 - 7 (4		1960 tate or fareign o		12.CITIZEN	OF WHAT COUNT	Z RY
2 c 6		L	during most of war	king life, even if retired		NONE		MARYLAND)			ED STATES	
carba offer		13.	FATHER'S NAME				14. M	OTHER'S MAIDE	EN NAME				
physician smove car hours aft	I		DEWEY LEE						ANN OYLE				
E B &	ح	15. (Ye	s, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIA	L SECURITY NO.	INFORMA			Add	ress		
oing ise re n 72		-	NO	N/A		IONE	PATTE	NT'S CH	ART				
orrending I n please re t within 72				ATH [Enter anly ane ca ATH WAS CAUSED BY:							lo	INTERVAL BETWEEN	H
hen snt			772	IMMEDIATE CAUSE (o	RESPL	RATORY DI	STRESS	<u> </u>				25 HOURS	
7 € ¥ €			1/00	DUE TO									
ermit n any			Canditions, if a gave rise to i	mmediate									_
on a			cause (a), stating lying cause lost.	the under- DUE TO									
ansit ansit		z		HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT REL	ATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1/c	a) 19. WAS AUTOP	51
al-tr	3	CATION										PERFORMED?	?
e nos buria rema		u.	20a ACCIDENT W	AS UNDERLYING	20b. DESCRIBE 1	OW INJURY OCCU	JRRED. (Enter	nature of injury	r in Part I or Par	t 11 of item 1B)		100 22 110	=
ar l		CERTI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
as ion,		CAL		RY Month, Day, Yes		OCCURRED 20	PLACE OF I	NJURY (Hame,	form, 20f. (City	ar tawn)	(Caun	nty) (Sto	ale
use emal		MEDICAL	Haur a.m.	19		tat while it work	ractory, sire	et, affice bldg.,	elc.)				
			21. I certify th	nat I attended the	deceased fro	am 17 AU	GUST	19 60 . ta :	18 AUGUS	ST 1960	that I last s	saw the decea	50
chec urial	- /		alive an 18		19 60							ate stated aba	
S de de				11	1 1					treet, city ar tawn,		DATE SIGN	
or i			ACTUAL SIGNATURE	bola	-B ///	10-3mil	M.D. A	NDREWS_	AIR FOR	E BASE		18 AUG 6	51
5 P 2			PHYSICIAN'S	1000	10.0								
sha stro			NAME (Type) JG	EN A MOORE,	MAJ US.	AF (MC)	U	SAF HOS	PITAL A	IDREWS, W	ASHINGT	ON 25, D	-
oge 3 le regi		220	BURIAL, CREMATIC	ON, 226 DATE THEREO		NAME OF CEMETER	Y OR CREMA	TORY	22d. LOCA	TiON (City, tawn,	ar county)	(State)	ĺ
poge The re				8-17-4	· /	1 1 1 1 1 1	wi			shing		20.C	,
≝ 5 (4) ∕		23.	FUNERAL DIRECTOR	'S SIGNATURE Note	from. 1	ADDRESS /			AHC 2 s	TRAR 245、REGI			
5B		L	Undre.	ereo a F.	15.			DATE	AUG Z 3	, 00	arthur S.	Time	_
1100	0				XIE								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 09422 CERTIFICATE OF DEATH I director, filed with PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest town RURAL dfill give mearest town) e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO TA 3. NAME OF 4. DATE Middle Year Filled DECEASED DEATH Pages (Type or print) 19 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TH NEVER MARRIED 5. SEX letely lost birthdoy) Months Dovs Hours WIDÓWED [7] DIVORCED [7] yrs. 100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR, INDUSTRY 13 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Will during most of working life, eten of retired) to and 14. MOTHER'S physician ë remave 15. WAS DECEASED EVER IN U S. ARMED ACCES? 16. SOCIAL SECURITY NO. IZ. INFORMANT Address sam as attending please any INTERVAL SETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) the **DUE TO** þ Conditions, if any, which (b) gned gove rise to immediate DUE TO couse (a), stating the underbeen si lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21 I certify that (I) (this hospital) altended the deceased from. and that death occurred at/ M, from the causes and on the date stated above. saw the deceased alive on red by the DIRECTOR: A 22o, SIGNATUR ATTENDING MED DIRECTOR STAFF PHYS. M.D. 22d. ADDRES 22c. PHYSIC, AN'S 3 shauld NAME Pype WARREN FUNER BURNAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cyty, town, or county) page The Sto 9 250 FEC'D BY REGISTRAR VR A15 (4) DATE aug 15'60 15M 9/59

death. Page

that the death certificate



VR A15 (4) 1SM 9/S9 9444 CE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09423

	1. PLACE OF DEATH G. COUNTY (NAMEL GLORAL)	MARYLAND	2. USUAL RESIDENCE (Where deceased i	ived. If institution: Residence before b. COUNTY	admission)
1	b CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN outside corporat	te limits, write RURAL and give neare	est town!
	RURAL and give nearest town)	2+ years	11 Dakow	u Jark	
	d. NAME OF HOSPITAL (If not in hospital, give affect or INSTITUTION	address)	d STREET ADDRESS	(82.	IS RESIDENCE ON A FARM?
ŀ	1219 Manuel Jea		1/217 produce		YES NO
	3. NAME OF DECEASED (Type or print) BESSIE	Middle —	BRITT 4. DATE OF DEATH	AUG 7	19 60
	S. SEX 6. COLOR OR RACE 7. MARR		Que, 23, 1880	AGE (In years IF UNDER 1 YEAR II ast birthday) Manths Days	Haurs Min.
	10a USUAL OCCUPATION (Give kind of wark dane 10b. during most of working lifer even if retired)	CONTROL	TRY 11 JIRTHPLACE (State or foreign cov.	ntry 12. CITIZEN OF V	VHAT COUNTRY?
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		7. — ,
	H.	leter	not avail	rble	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17 IN	FORMANT B. Colvers	Chame au # 2)
	18 CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b) and (c).]	11 . 2	INTER	AL BETWEEN
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ypertensue	Heart Disens	ONSE	AND DEATH
1	CHALLY DUE TO				
	Conditions, if any writer) (b)				
	gave rise to immediate cause (a), stating the <u>under-</u>				
	PART II. OTHER SIGNIFICANT CONDITIONS (c)	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1/m 19	WAS ALITOPSY
	LCATIC			,	PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED) (Enter nature of injury in Part I or Part I	l af item 18.)	
1	<u> </u>	f	CE OF INJURY (Home, form, 20f (City o	r town) (Caunty)	(State)
	Hour c.m. 19 While at war	Not while			
	21 I certify that (I) (this hospital) attend	ded the deceased fram	6 may 105310	/aug 1960 tha	t (I) (we) last
	saw the deceased alive on 2220 S GNATURE	19 60 and that d	eath occurred at M. from the	ne causes and on the date s	stated abave. 22b,DATE
	Ernest a.	sarao	M.D. PHYS. MED. DIRECTOR D	STAFF PHYS -	aux 60
	22c PHYSICIAN'S NAME (Type) ERNEST A.	SARAO	7006 New Han	pshillye 2.t.	MA.
	230 BLR AL, CREMATION, 236, DATE THEREOF PEROVAL (Specify) (144/0/1960	230 MAME OF CEMETERY OF	R CREMATORY 23d LOCATION [1]	DIVICITY, town or county)	(State)
	24. FUNERAL PIRECTOR'S SIGNATURE	ADDRESS ADDRESS	250. REC'D BY REGISTRA		
	A WHILL Walley, d. S.4	+ Carray Is it	DATE AUG 9 '60	C.N.M. <u>2</u> , 100mm	7



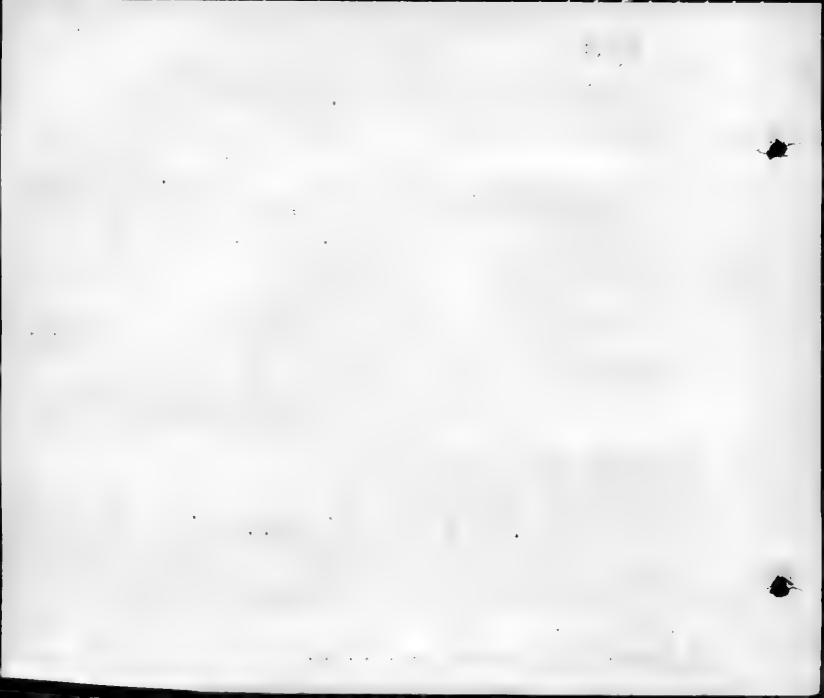
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

119424

	94	56		CERTIFICA	TE OF DEATH		119	424
1	Chever d. NAME OF HOSPITA	AL (If not in haspital, a	ive street o	c LENGTH OF STAY IN 16	o. STATE Mary land c CHY OR YOWN (IF Englewo	autside carporate limits, write Ri	rge	
3	Prince NAME OF DECEASED (Type or print)	George Gen Cora		Middle	Brooks	4. DATE * Mun OF DEATH	ith Di	YES NO NO NO NO NO NO NO N
	during most of work	ing life, even if retired	WIDOWE	DIVORCED DIVORCED KIND OF BUSINESS OR INDI		e ar fareign country)	Manths Days	R IF UNDER 24 HRS Haurs Min. PF WHAT COUNTRY
15	Housewill FATHER'S NAME John The WAS DECEASED EVER (es, no, or unknown)	omas	CES? 16. S	SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN Cecelia I		USA	
CATION	Canditions, if all gave rise to in cause (a), stating lying cause last.	the <u>under-</u> DUE TO)	Cerebral	Hemory	AINAL DISEASE CONDITION GIV	ON	19. WAS AUTOPSY PERFORMED? YES NO [
MEDICAL CERT.FICATION		CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. IN While		ED. (Enter nature of injury in LACE OF INJURY (Hame, far actory, street, affice bldg., et	m, 120f. (City or town)	(Caunty)	(State
		t (I) (this haspital ed arive an Aug	' 1	ed the deceased from. 199., and that	death accurred at 3/	M from the causes an	d on the date	hat (I) (we) lase stated above
23	BUT AL CREMATION REMOVAL (Specify) BUT AL SHIP RAY DIRECTOR	8/9/60	et.	Arlington Na Address 30 H Street,	tional 250 REC			

VR A15 (4) 15M 9/59



9509

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09425

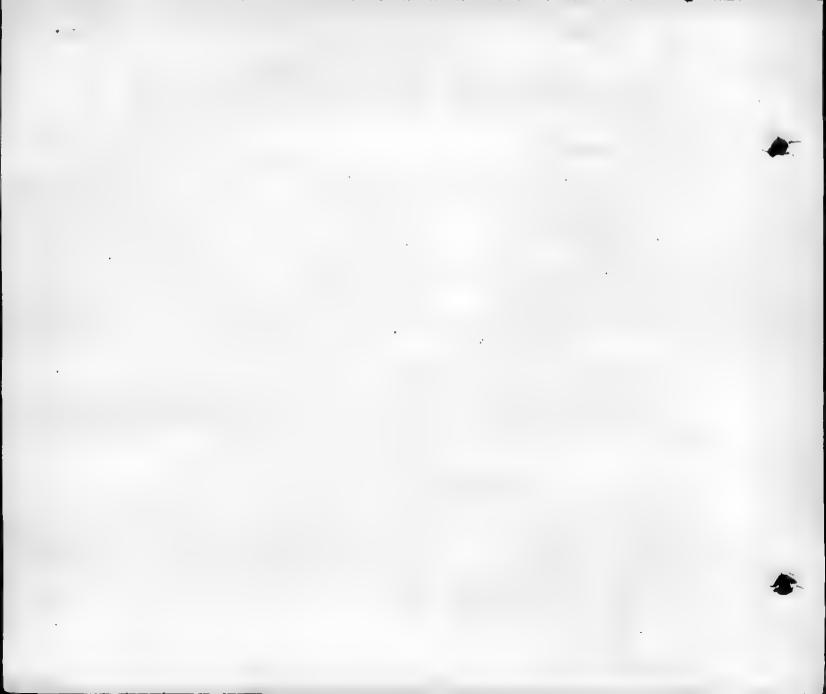
1	<u> </u>							
		PLACE OF DEATH	ue Gears	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived, If b. Co	OUNTY Residence	before admission)
	I	b. CITY OR TOWN (IF RURAL ord give nec	outside corporate limits, write	c. LENGTH OF STAY IN 16		(If outside carporote limits,	write RURAL and giv	e marest town)
		d. NAME OF HOSPITA	L (If not in haspital, give street	et pddress)	d. STREET ADDRESS	a facette	ane	e. IS RESIDENCE ON A FARM? YES NO ST
	1	NAME OF DECEASED (Type or print)	Hollin	Middle	Brown	4. PATE OF DEATH	Month	Day Yeor 24 1960
	S. S	SEX M	14 /	RRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH	1895 9. AGE (In lost birth	1 2 1	YEAR IF UNDER 24 HRS ays Hours Min.
		during most of warki	N (Give kind of work dane ng life, even if retired)	b. KIND OF BUSINESS OR INDI	al Ui	gina	12 CITIZE	US A
	13.	FATHER'S NAME	In Peter	Brawn	14. MOTHER'S MAIDE	roephine	Teel	1
)			IN U. S. ARMED FORCES? It yes, give wor or doles of service)	6. SOCIAL SECURITY NO. 17	care B.	Barbana	Laurel	ml
J.			H [Enter anly one couse per	line for (o), (b), and (c).]	• • •		1	INTERVAL BETWEEN ONSET AND DEATH
		PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myorardia	myer	votion_		1 win,
		4900	DUE TO	5116	. /			
		Conditions, if on gove rise to im		Mewsie	rens			10.41
		couse (o), stoting t						
	z	lying cause lost.	(c)	CONTRIBUTION TO DEATH BU	T NIOT BELATED TO THE T	ERMINIAN DICEASE CONDITI	ONL CAVENI IN DART 1	GIO WAS A ITOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART								PERFORMED? YES NO Z
1	L CERTIF.	(IF EITHER, NOTIFY /	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR			18 }	
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 20d Whi 19 at w	le Nat while	LACE OF INJURY (Home, octory, street, office bldg ,	form, 20f (City or town) etc.)	(Co	unty) (State)
		21 I certify that	(I) (this haspital) atte	nded the deceased fram	fime	1956, to	lug_, 1960	that (I) (🛶) last
a		saw the decease	ed alive an . 8/7-5	1960, and that	depth accurred at /	P.M. fram the caus	ses and an the	
		22q SIGNATURE	4 11.	44 64	ATTENDING	MED STAFF		22b. DATE SIGNED
1	L	22c. PHYSICIAN'S	y viscan	er y i	M D PHYS 22d. ADDRESS	DIRECTOR PHYS		8/20/10
		FRAME (Type)	L. WEAVER	UR		***		
	230	REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City,	town, or county)	(State)
37	24	FURIERAL DIRECTOR'S	SIGNATURE	ADDRESS A	ela cesa	REC'D BY REGISTRAR 25	b. REGISTRAR'S SIGN	NATURE 1
	1	Ve 41.11	Nauell	Lamel 1	DATE	TT S DI NEGISIANN 23		
	É	and the s	Con active	/ //	N. A.	JG 3 0 '60	Charles & The	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be referred by the hospital or attending physician.

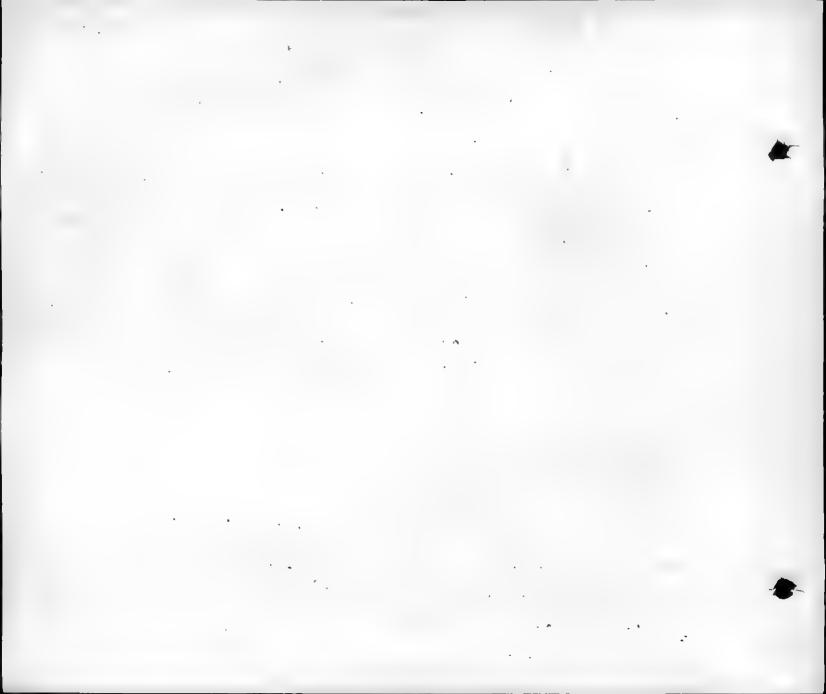
TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any-event, within 72 hours ofter death.

VR A1S (4) 1SM Ⅲ/5Ⅲ

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	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
₹	د	9531 CERTIFICATE OF DEATH 19426 Reg. Dist. No.
Poge	director, ited with	1. PLACE OF DEATH o. COUNTY) PINCE (LORGE) MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). o. STATE O. COUNTY O. STATE O. COUNTY O.
r death.	funeral de be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLIA, TOU. SCHOOLS P. O.
affe offe	d 2 sho	or institution OF INSTITUTION
n 24 hp	Filled .	3. NAME OF DECEASED (Type or print) Lost Noodland Rows Day Yeor DEATH Rows Death 8 7 - 1960
id with	pletely irs. Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Lincole Widowed Divorced No. 14 1833 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
execute	nd com	100 USJA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOWE GOVERNOUS VICE US LONG COUNTRY?
cote be	physician and may may corban from from the design free d	13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME UNKNOWK
ı certifi	ng physic	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Upper R Marton (Tres, no, or unknown) (If yes, give wor or doles of service) L'E'Rl MRS Edwa Hayes R. P. Box 1203 Md
듐	in Sign	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
that the de	by the atter iit. Then ple ny event with	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CEREBRAL HEIMORK HHOE ONSET AND DEATH ONSET AND DEATH Conditions, if only, which) (b) CARDIOVESCULAR DISERSE
require	n signed sif pern ind in a	gove rise to immediate couse (a), stating the under lying couse lost DUE TO ARTERIOSCLEROSIS (c)
he law nhysici	nas beer rial-tran noval, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T	the bu	ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM-INER)
PHYSIC	this cert ir use as remation	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of
2	re re r	21. I certify that I attended the deceased fram 19 to 8-7 1960 that I last saw the deceased
TTENDI	ron: Af detached to buria	alive on, 19, and that death accurred at SEAM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
A H	DIRECT IN DIRECT	ACTUAL SIGNATURE CELECTION CELECTION, IM D. PHYSICIAN'S PHYSICIAN'S
PIY	BERAC 3 shor	NAME (Type)
O HO	o FUN page the re	BUTIET 8-9-60 Singleton Gloveester, Va.
	15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR O 24b REGISTRAR SIGNATURE ADDRESS DATE
5M	9/58	1 1 1 - 1 - 1 - 1 - 1 - 1 -



prior to buriol, cremotion, TO DEPUTY MEMICAL EXAMINER: This certificate shareful and an exemple within 24 haurs ofter death. If any detay is necessory, please execute the Artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral districtor. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your?

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the registro prior to buriot, cremation, or removol.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(19427 Reg. Dist. No.

1			
)	1, 7	1. PLACE OF DEATH 6. COUNTY PVINCE CEOVOR MARYLAND 2. USUAL REST O. STATE /	DENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY F
	b	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR condigue project longs). RL CONTRACTOR	TOWN (If outside corporate limits, write RURAL and give nearest tawn)
7	d	d. NAME OF HOSPITAL OR INSTITUTION (IF nor in Mospital, give street address) d. STREET A	DDRESS e. 15 PESIDENCE ON A FARM? NO DE
,	-0	3. NAME OF First Middle Lost OFCEASED (Type or print) SHILEY ANN BYOUL)	4. DATE Month Day Year OF DEATH S 2-4 1960
	5. \$	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED DEC.	23.4959 AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS Months / Pays Hours Min.
	10a. d	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA during most of working life even if retired)	ACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY! USA USA
	13.	13. FATHER'S NAME LECTOR GE NELSON Brown 14. MOTHER'S	Maiden NAME Mustle Rosin
1		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Fax. no or unknown) (If you, give wor or delay of service)	N Boun Address aquesco
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL SETWEEN ONSET AND DEATH
		Conditions, if one, which) (b) Interstition	Pneumona zweek
		(c), storing the underlying Couse lost.	
¥	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
)			jury in Part II or Part II of item 18.}
	MEDICAL	20c. TIME OF INJURY Month, Day. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Heart of the price of work of	tame, form, bldg., etc.) (City or tawn) (County) (State)
		21. I certify that I took charge of the remains described above, held an	Autopsy \(\sum_{\text{inspection}} \) inspection \(\sum_{\text{inspection}} \), Inquiry \(\sum_{\text{inspection}} \), and find that omicide \(\sum_{\text{inspection}} \).
		1 March	REDICAL EXAMINER DATE SIGNED
1		SYAMINED'S DOLLAR ASSISTAN	NT MEDICAL EXAMINER □ MEDICAL E
	220	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL SPECIFY BURIAL SECTION SECTION CONTROL SEC	22d. LOCATION (City, town, or county) (Stole)
	23.	23. FUNERAL DIRECTOR'S SIGNATURE The HUNGET FUNERAL HOME, Waldorf, Md.	DATE ANG 3 0 '60 Cirilus S. Frank

VS. A15ME(5)

ex



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CERTIFICATE OF DEATH 9512 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If instituting. Residence before admission) a. COUNTY o. STATE b. COUNTY FLNCE b. CITY OR TOWN (If autside carporate limits, write c. ENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) en. d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5000 YES NO 📉 e Mc VIO NAME OF Middle DATE Day DECEASED OF DEATH (Type or print) 960 00 WUNDER TYEAR! IF JNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years last birthday) 5 SEX MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours WIDOWED [7] DIVORCED [ma 10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retured) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b), gave rise to immediate DUE TO cause (a) stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o.m. While Nat while at wark at wark p. m. 1960 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. all saw the deceased alive an and that death/occurred at M, fram the causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d, ADDRES NAME (Type) 23b. DATE THEREOF BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar county) (State) REMOVAL (Specify)
Burial /1/60 Washington D. C. Congressional 250 REC'D MARGISTRAN & D256. REGISTRAN'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** F. Gasch's Sons Hvattsville, Md. DATE

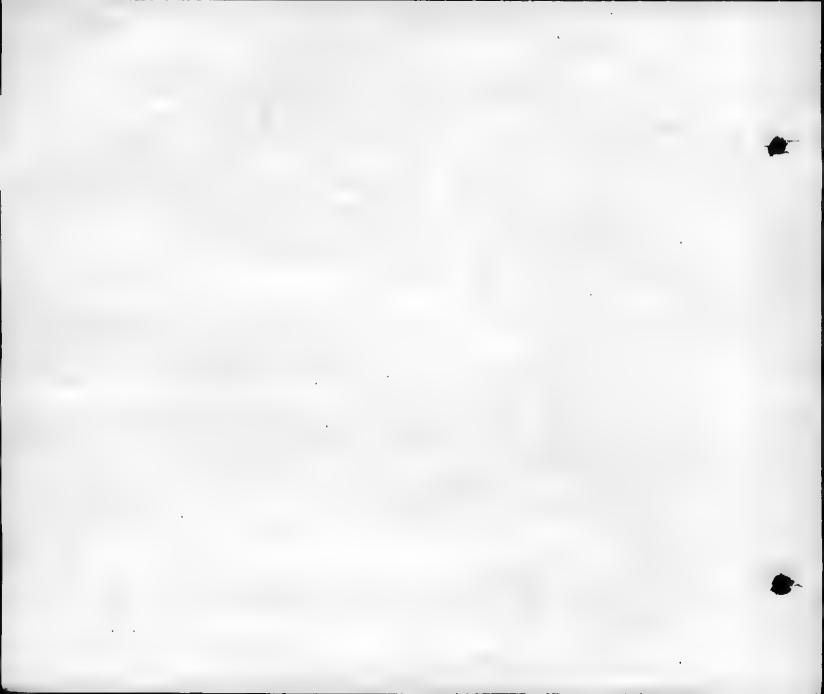
physician attending please permit been RECTOR: þ FUNERA 0 VR A15 (4)

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director, iled with

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carban



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9532 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Sendence before admission) o. COM b. COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, we c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) RAL and are nearest town) v NAME OF HOSP-TAL (If not in haspital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN Lost 4. DATE Year DECEASED (Type or print) DEATH COLOR OR RACE 7. MARRIED MEVER MARRIED 9. AGE IV IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX В DATE OF BIRTH AGE (M years last bathdoy) Months DIVORCED [WIDOWED [y rs papers campl 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR 11, BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dang most of working ife event if retired) pua pau FATHER'S, NAME MAIDEN NAME du physicio mave WAS DECEASED EVER IN J. S. ARMED FORCES? **INFORMAN** D 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ᇳ PART I. DEATH WAS CAUSED BY: ō IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o m. While Not while of work | of work . 19 5 ta 6-10 ___ 19.60 that I last saw the deceased 21. I certify that I attended the deceased fram... 19. 60, and that death accurred at 2.45 AM, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED DIRECT ACTUAL SIGNATURE Q **PHYSICIAN'S** Dobson NAME (Type) FUNER, DATE THEREOF 220 BURIAL CREMATION 22da LOCATION (Gity, 22c. NAME OF CEMETERY OR CREMATOR town or county) page REMOVAL (Specify) 2 Ab. REGISTRAL'S SIGNATURE FLNERAL DIRECTOR'S SIGNATI 24g, REC'D BY REGISTRAR AUG 1 0 '60 Chillian S. Fliance VS A15 (4)

certificate

15M 9/5B

Prince Greene Mary cond Prince Grege

The Brandywine Walderfy Medicline

Brandywine-Walderfy Medicline

M. Athory Hugust 2, 60

M. White Horic 18,338 62

Chamist Pairy Virginia 21.54

Robert Laa Burton Mary Tharston Brandywine

Ses Willer 2238-5707 Mrs. Jana M. Burton Brandywine

Burial Hug. 5, 1460 Arlington Hational Arlington, Wirginia Hunce Fundid Home, Waldery, Md.

VR A1S [4] 15M III/SIII

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9458

09430

	PLACE OF DEATH COUNTY							Vhere deceased	lived. If institution	n: Residenc	e before o	dmission)
		rince Georg	es	м	IARYLAND	a. STATE	Maryla	nd	b. COUNTY	Prin	ce 0	deorges
	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF S	TAY IN 1b	1 CITY	OR TOWN (If	outside corpor	ote limits, write RL	JRAL and g	ive neares	I lown)
		everly		3 d	ay	78	Mt. Ra	inier				
7	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, (give street		•		ET ADDRESS				e. l	IS RESIDENCE ON A FARM?
		nce Georges	Gene	ral Hosp	ital		h211	28th	Street			ES NO Z
	3 NAME OF DECEASED	Fi	rst	Mi	ddle		last	4. DATE	Mont	h	Day	Year
	(Type or print)	Walter		T		Ca	de	OF DEATH	Aug		11	1960
ı	S. SEX	6 COLOR OR RACE	7 MARE	RIED NEVER MA	ARRIED 🔲	8. DATE OF E	BIRTH		9. AGE (In years last birthday)	-	-	UNDER 24 HRS
	Male	White	WIDOWI	ED DIVO	RCED 🗌	22	har 1	881	79 yes.	Months	Doys H	lours Min.
	10a. USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINE	S OR INDU	STRY 11 BIRT	HPLACE (Stot	e or foreign co	untry)	12 CITIZ	EN OF W	HAT COUNTRY?
	COOK	/	" C	+0 R.	R.		VIR	RGIN	1/A	6	.5.	A.
1	13. FATHER'S NAME	-	,			14 MOTH	ER'S MAIDEN	NAME				
A	inh	124267	7				. 1 .	2 /5	I)			
	1s. WAS DECEASED EV	ER IN U. S ARMED FOI		SOCIAL SECURITY	NO. 17 II	NFORMANT	¥1. 432 1	2 //	Addr	ess of C	· 04	
	(Yes nor at unknown)	(If yes, give war or dates of	recvice)		17/1	in Etti	4L1	3 who for	426	1 2 N	~ ~ V ×	1000/
	18. CAUSE OF DE	ATH Enter only one co	ouse per lij	for (a), (b), and	{c). }	A	11	1				AL BETWEEN
i		ATH WAS CAUSED BY	(are bung	mARU	lar	Home	onha	22-		ONSET	AND DEATH
	クター	Due to										
	Conditions, if	X		and have	IN AA	war (Lecton	22501	main			
	gave rise to	immediate (ercy-v	DATE		-00 007	will			ļ	
	couse (a), stating lying couse lost											
4		: / (« THER SIGNIFICANT CON	IDITIONS (CONTROL TING TO	DEATH-ON '	T NICT DELATE	TO THE TERM	MINIAI PUCEACE	COND.TION CIV	ENI IN DART	1/0) 10 1	WAS ALTOPSY
١	PART II. O1	THER STORIFT CAN'T COT	ani (10) 42 7		1 10	a Ma	100	MINAL DISEASE	CONDITION OIL	CIA HA LVET		PERFORMED?
	D ACCIDENT M	AC HAIDERINALC E	20h DEC	CRIBE HOW INJUR	N OCCUPA	D. /Februards	ecu	Part Lar Part	II of Stem 10)			ES NO 🖫
	OR CONTRIBUTION	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	CRIBE HOW INJUI	II OCCORRE	to (carer noto	ו פיני ואן טויץ וו	I FOIL OF FOIL	ii or neiii is j			
	Y 20c. TIME OF INJU			NJURY OCCURRED		ACE OF INJU		rm. 20f. (City	or town)	(C	ounty)	(Stote)
	Hour a m.	10	While of wor	k of work	j '`	,,, .	Arres Diog., a					
	21, I certify th	at (I) (this haspita	1) attend	ded the decea	sed fram.	Aug. 8		26U	Aug. 11	s. 19	60 _{that}	(I) (we) last
	saw the deced	sed alive an _AM	s. 11	19 60	and that	death accu	rred at5.	1 4	the causes an			1 / 1 /
	226 5 GNATURE	-A 9-1	7	Dan		T						22b.DATE
	w	Main 01/	orne	SU DAT	,	M.D. PHYS	DING	MED DIRECTOR	STAFF PHYS.	a	ue II.	1960
	22c. PHYSICIAN'S NAME (Type)	Dr. Willi	an D	. Rossin,	M.D.	22d AI		ANNAP	ous R	D, 13	Pede	MD
	230 BURIAL CREMATI		OF C	23c NAME OF	CEMETERY C	OR CREMATOR	Y	23d LOCAT	ION (City, town, o	r county)	100	(State)
	1312.ul	(Aug 13,	1966	Jt. Jui	culs	2 (61)7	checks.	13.4	14113611	201	11/6	
1	24 FUNERAL DIRECTO	R'S SIGNATURE	d	ADDRESS	KIVER	Mass A	2Sa REC	C'D BY REGISTI	RAR 256 REGIS	TRAR'S SIG	NATURE	
1	W.W (1)	8 AM C. NEI	(h.	5001.1	10,0	1 Lus	160 DATE	MIG 1 8 '6	c	Llug S.	Travel	Ł.



1	Ð	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 52	S. S	9533 CERTIFICATE OF DEATH Reg. Dist. No. 231	
Page director	M	a. COUNTY PRINCE G-EORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE ARYLAND D. COUNTY PRINCE G-EOR	21
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 32 VR5.	
rts after the y 2 shot	1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R + 2 BOX 6 R + 2 BOX 6 ON A FARM YES NO	? /
illed of		NAME OF DECEASED (Type or print) LOW 1 TH CARLUN. CARRICO DEATH AUG, 16 196	0
d within Stetely F		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years logt birthday) WIDOWED DIVORCED SAN 1/ 1904 SG yrs.	
execute od comp n papel death.	/	00. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired) HOUSE WIFE 12. CITIZEN OF WHAT COUNTY OF STREET OF WHAT COUNTY OF STREET OF WHAT COUNTY OF WH	TRY
ate be cicion on e corba	(1)	3. FATHER'S NAME Jerone Sterling Laying, Sterling	
certific ng phys remov 72 hour		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [II yes, give wor or defeat of service] 577.16-8499 Robert M. Carrice	
the death the attendia Then please ent within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AN	5.
res that red by t srmit. I		Conditions, if ony, which gave rise to immediate DUES OF THE REPORT OF THE PROPERTY OF THE PRO	5
required on sign on sit pe		Cause (o), stoling the under- [ving couse lost. [c] OARCINOMA OF OVARY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP	SY.
The torys of physical particular physical physic	78	RHE IN ATIC. AFEART DISEASE PERFORMED? YES NO	
CIAN: ittendin tificate s the b	*	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI tal or o this cer or use o		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour of M. Hour of M. Hour of Wark o	nte)
NDING to hospi to After ached fo verial, c		21. I certify that I attended the deceased from ALC 6, 1960, to 1960, to that I last saw the deceased alive on ALC 12, 1860, and that death occurred at 99 M, from the causes and an the date stated ab	
OR ATTE d by th RECTON d be dete	1	ACTUAL SIGNATURE OF THE STATE O	INED
e re ERA S should		PHYSICIAN'S ARTHUR SHAVER TR. BRANCH AVE, - CLINTON MD. 8/10	16
O HOS moy b O FUN page	# z	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, sown, or county) (Stole)	
VS A15 (4) 15M 9/55	111	ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY RE	
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CRISPIELD, MD, 225

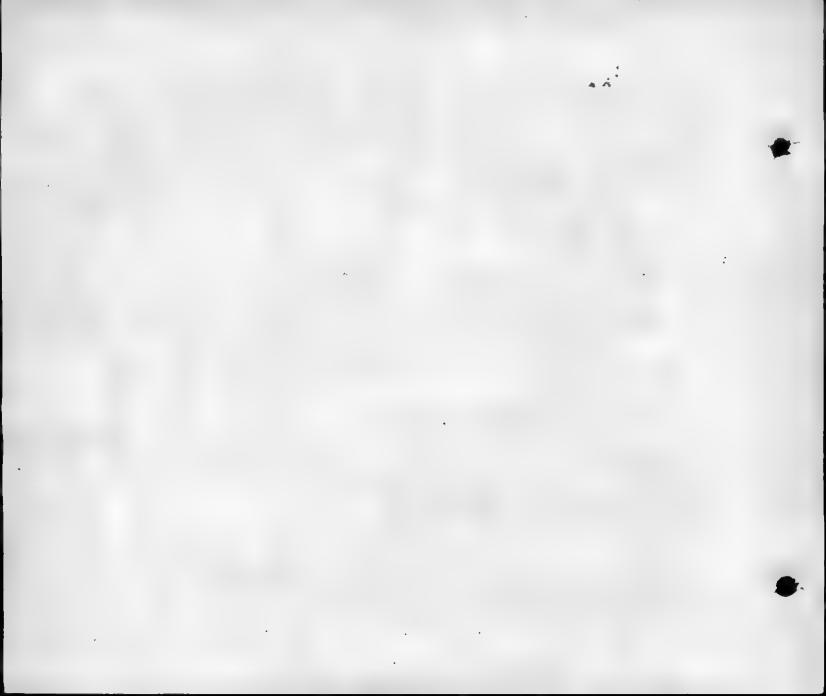
terling storing. Store q. 571-16-8499 Robert M. Carrico.

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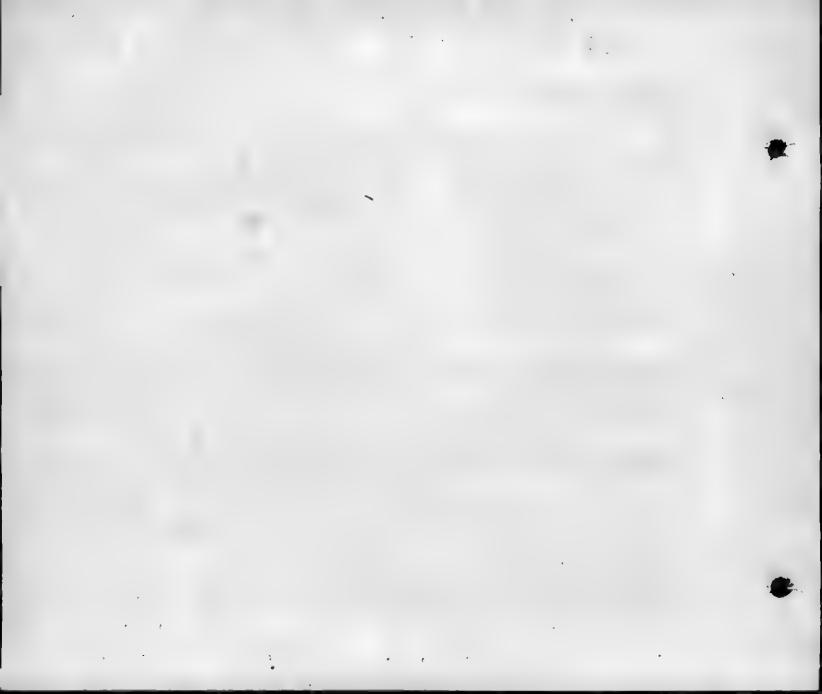
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
S é	(B B	9409 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist/No.432
shaule cremat		1. PLACE OF DEATH o. COUNTY O. STATE D. COUNTY D. C
Page burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL and give nearest town)
ctor.	377	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Of the Common of the c
our f		3. NAME OF PIECE ASED Middle Last , 4. DATE Month Doy Year
the fur ed fair		5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (Months Days Hours Min.
nd 3 to retain	1	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during post of working life, even if fetired)
1, 2, an may be	(1)	13. FATHER'S NAME V.S.A
Pages Fe pages		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTS Luce Illidates Address 5721 4754 grants, or, or unknown) (1) you, give wor or doles of service)
P. Give		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
Item 18 1 form 1 form		PART I. DEATH WAS CAUSED BY: 1 Death WAS CAUSE (o) 1 Death WAS CAUSED BY: 2 Death WAS CAUSED BY: 3
ncil in ing with rial-tra		Conditions, if any, which gave rise to immediate course (o), stating the underlying DUE TO
in pen fice alon as a buri	و تع	couse last. (c) Color Calage Carle re Deline la language de la color de la co
er's Of	7	PERFORMED? YES NO PERFORMED?
fxamin fxamin novld b		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) CAUSE OF DEATH. Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
oge 3 s	ę	Hour o. m. 8 - 19 While Not work of work foctory, street, office bldg., etc.]
Chief A	-1	21. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection I, Inquiry I, and find that death resulted fram: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I.
infrant in the DIREC		SIGNATURE Day Am ONOUR M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
Vorc NERAL		EXAMINER'S DAYTON OWATIKIN SOEPUTY MEDICAL EXAMINER D
For For		BURGAN SPECIAL CREMATION, 226, DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 220, LOCATION (City, lown, or county) (SIGN) BURGAN (SPECIAL COLOR) D. G. COLOR (CITY) D. G. C. COLOR (CITY) D. G. COLOR (CITY) D. G. C.
S. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE W.W. Ehurnleers 60, Murer dalp Mp 240. REGISTRAR 246. REGISTRAR'S SIGNATURE DATE P 2 '60 Onthur & Huma



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; has dence before admission) PLACE OF DEATH a COUNTY oral director. Page of for your files. of Health, b. COUNTY (-EURGES MARYLAND ع علاد من ثد b. CITY OR TOWN (f outside corporale I mits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). (Willie RURAL and g varnaarasi town) 4ec dA/e Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? LELAND MEMORIAL YES NO X 3. NAME OF Middle DATE Month Yaar DECEASED and 3 to the OF with the age 5 may be re 1 and 2 with the 72 hours after of (Typa or print) DEATH 19/16 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X | B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday] DIVORCED [7] This certificals should be executed within 24 hours lifter or word "pending" in pencil in Item 18. Give Pages 1, 2, an dical Examiner's Office along with form PM3. Page 5 in 10a. USUAL OCCUPATION (Give kin'd of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratited) MAINTENANCE within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALLXAND with form Pl perroff. File v KI ZIOS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) ((If yes giva war or dates of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN .⊑ ONSET AND DEATH I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gava rise to immadiate cause 40 DUF TO (a), stating the underlying Medical Examiner 10 ᆼ causa last. pesn cremation, PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART [18] 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat No [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 2Dd. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry L and in my opinion death resulted from: Natural causes Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER TO EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) O DEP 22a, BURIAL, CREMATION, 22b, DATE THEREOF CEMETERY ORCADIATION 22c NAME OF 22d, LOCATION (City, town, or country) REMOVAL (Specify) Hyattsville, Md. 240 p Burial George Washington Aug 8, 1960 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME F. Gasch's Sons Hyattsville, Md. 5M 7/59 DATE AUG 9 arthur S. Krays



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BALTIMORE 1. MARYLAND Division of STATISTICAL RES FOR STATE Residence before admission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institutions . COUNTY Page e. STATE **b.** COUNTY files. b. CITY OR TOWN (f outside corporete ! C. CENGTH OF STAY IN 16 c. CITY OR TOWN I f outside and porete I m ts. wole RURAL and give neerest (bwn) director. Write RURAL and give morest lown d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street d STREET ADDRESS . IS RESIDENCE ON A FARM? State 3. NAME OF DATE DECEASED OF Ф DEATH (Type or print) Ţ 19 B DATE OF BIRM with AGE (In years IF UNDER I YEAR) SEX 16. COLOR OR RACE IF UNDER 24 HRS. NEVER MARRIED 2 with last birthday) Months Deys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN in pencil in Item 18. Give This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Address (Yes, no, for unkown) (If yes g vewer or detes of sellvice) ×<u>i</u>+ 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN .⊑ ONEST AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, DUF TO Conditions, if any, (b) gove rise to immediate cause bending 40 Examiner's **DUE TO** Sign (e), stating the underlying pesn PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? 28 the word NO Medical 70 200. EXTERNAL PAUSE WAS PRIMARY (1) O CONTRIBUTING (1) CAUSE OF WATH. 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Ilam 18.) shoul b burial, ute the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED 20e, PLACE ON INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Siple) Not While 57 fectory, stept, office bldg., etc.) While ٥ el work et work prlor 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry [4] and in my opinion Inspection death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINED'S NAME (Type) DEPU Address (Street, city, town, or county) 226. DATE THEREO OR CREMATORY Lem Q40 9 urice 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 160 AUG 5M 7/59 DATE

STATE DEPARTMENT OF HEALTH



Cedar

VS. A15ME(5) 5M 9/55

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 240. REC'D BY REGISTRAR Bros. Upper Marlboro, Md.

24b. REGISTRAR'S SIGNATURE

Suitland

e. IS RESIDENCE ON A FARM?

YES 🔯 NO 🗍

Year

IF UNDER 24 HRS.

Hours

Item

19 WAS AUTOPSY PERFORMED? NO IV

DATE SIGNED

25/60

(State)

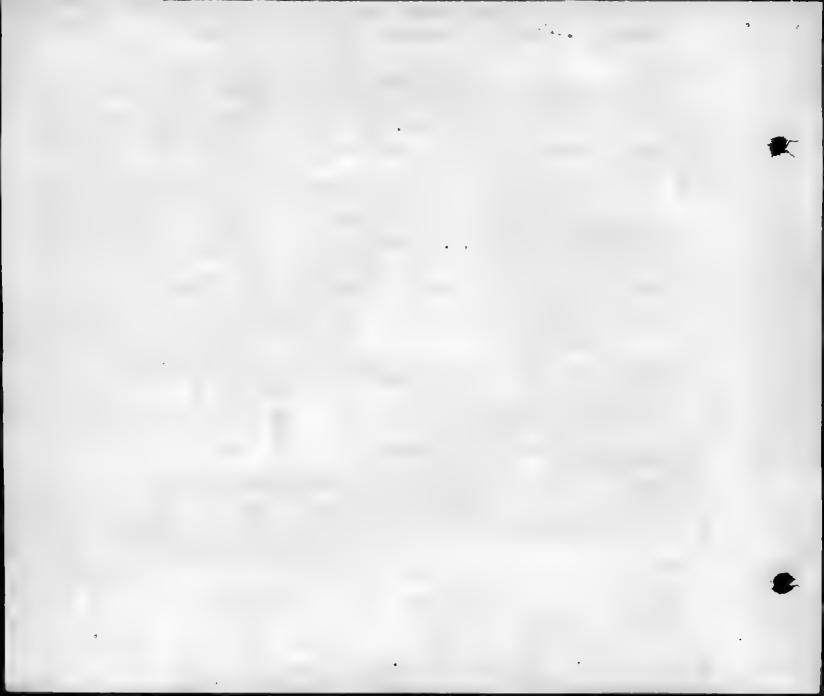
NTERVAL BETWEEN DINSET AND DEATH

196-6

Day

as

(County)



9535 **CERTIFICATE OF DEATH** eral director, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY PRINCE GEORGES b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 19d Hospita NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) Female WIDOWED [DIVORCED [7] popers. comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo CLSCUI carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death certificate be physicion FRANCES Caroline David maye IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT ngywolne. offending 1B. CAUSE OF DEATH [Enter only one couse per line to (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Canditions, if any, which (b) been signed gove rise to immediate DUE TO cause (a), stating the underbophichitis, RIL + Pelvis lying couse last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. DISEASE CONDITION GIVEN IN PART 1(a) 19 hos 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) certificate MEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED Doy. Year 20e PLACE OF INJURY (Home, farm, 20f, (City or town) factory, street, office bldg., etc.) 0. m. While Not while of work of work 21. I certify that I attended the deceased from Aug 23 1960 That I last saw the deceased alive an 40 and that death accurred at 5: 10.4M, from the causes and on the date stated above. r Pe DIRECTOR: ADDRESS (Street, city or town, state) c/o Southern Maryland Hospital **ACTUAL** WITH WARRIED BY shauld PHYSICIAN'S Vivian Chang Clinton, Maryland 220. BUR AL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) LMMANUE

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09436

e, IS RESIDENCE

ON A FARM?

YES NO M

Year

196 00

Trince Geriges

Day

IF UNDER 1 YEAR! IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 hours

WAS AUTOPSY PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24g, REC'D BY REGISTRAR

DATE ALLG 3 0 '60

Reg. Dist. No

Months

O FUN V5 A15 (4) 15M 9/SB

1337

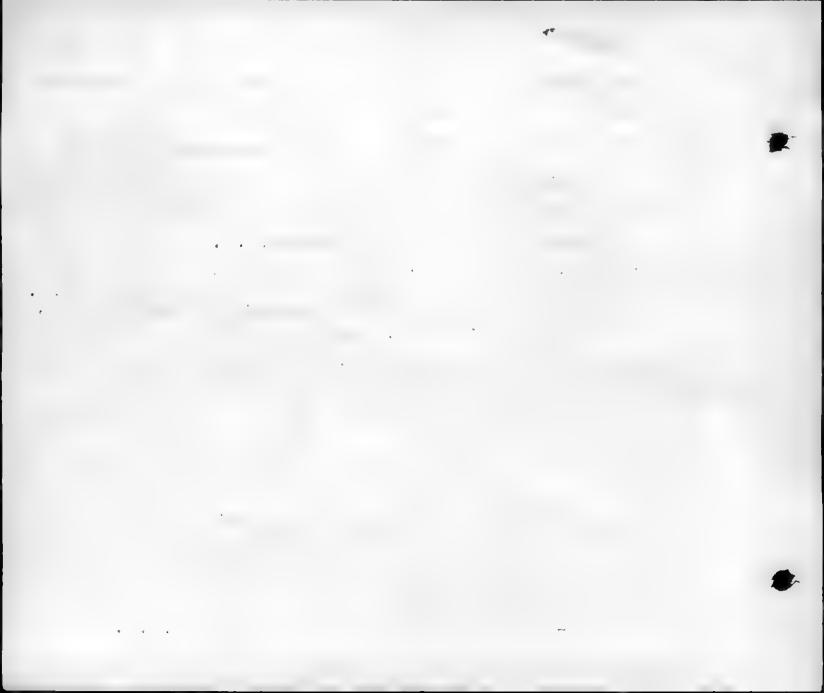
23. FUNERAL DIRECTOR'S SIGNATURE

Ntt Funeral

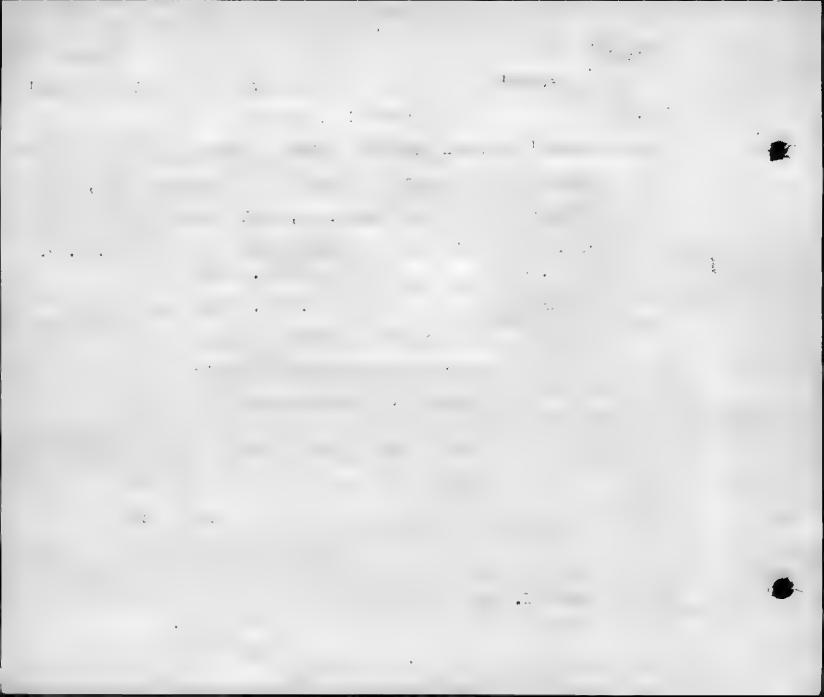


requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



LARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH ay is necessal director. Page and for your files. a. COLNIY b. COUNTY Prince George 8 Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 Write RURAL and give nearest town)
Cheverly Dead on arrival Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B George s General Hospital YES NO NAME OF DATE Month® DECEASED OF the (Type or print) DEATH Thomas Eugene Day may be 2 2 with th August 20 F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH age 5 may 1 and 2 wit 72 hours a last birthday) 2, and WIDOWED IT DIVORCED Male Sept. This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work form PM3, Page 5 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 8. Give Pages Railroad Electrician File pages 1 Mary Land FATHER'S NAME Wallace E. Day Mary E. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yesting or unkown] [Ifyesgingwaranlatesofservice] Office along with fourial-transit permit movel, and in any e 5. Mary Day ame 8.5 pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Office **DUE TO** Subacute bacterial endocarditis "pending" gava rise lo immediata causa 10 DUE TO (a), staling the underlying Rheumatic heart disease cause last. pesa PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8. 19. WAS AUTOPSY PERFORMED? 8 ute the certificate, writing the word cremat Medical NO [pinods 26b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18] 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. [City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 3 Inquiry 3 and in my opinion Natural causes Suicide death resulted from: Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED please execute to 4 should be for to FUNERAL I SIGNATURE 8/20/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James I. Address (Street, city, town, or county) TO DEP NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Gate of Heaven Cemetery Wheaton Md. 40 6 8/24/60 Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME AUG 25'60 C that & Knows . Gasch's Sons Hyattsville, Md. 5M 7/59 DATE



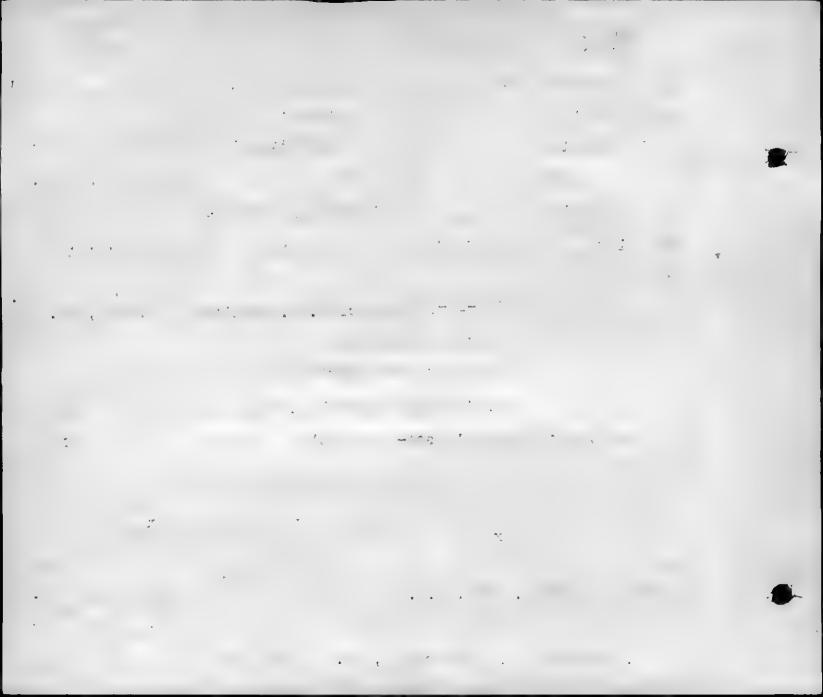
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



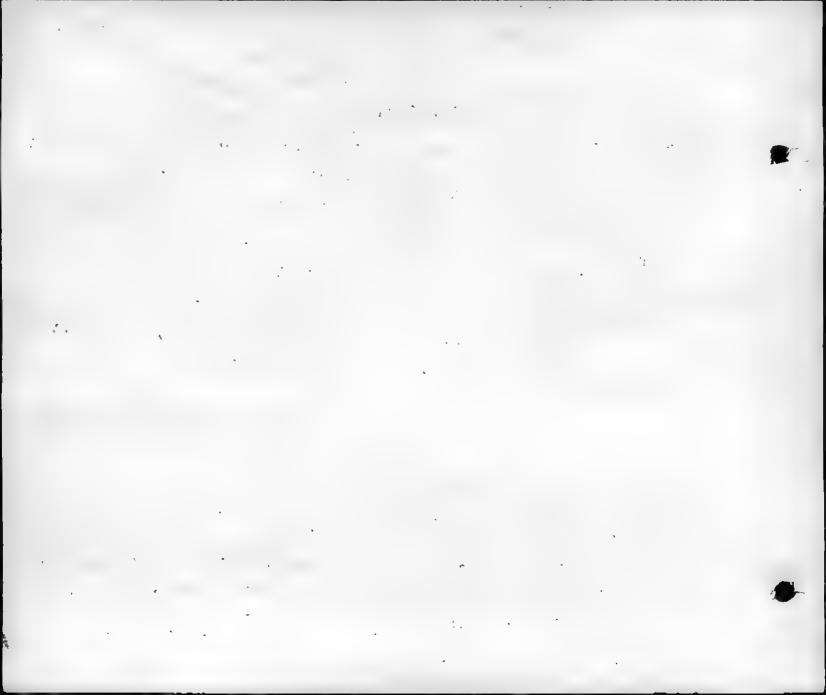
- 1		MARYLAND S	TATE DEPARTMENT OF HEALT	H_BALTIMORE, 18
4 . ve		9537	CERTIFICATE OF DEAT	H Reg. Dist. No.
eral director, be filed with	(M)	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND o. STATE Maryland	Where deceased lived. If institution: Residence before admission) b. COUNTY Prince Georges
after death. the funeral should be fi	(1)	RURAL and give nearest town) Upper Marlboro d. NAME OF HOSPITAL (If not in hospital, give street add	1 month Honer Me	f outside carporate limits, write RURAL and give nearest fawn)
by t	' '	OR INSTITUTION USAF Hospital Andrews 3. NAME OF FIRST	4804 Roblee	
in 24 Filled iges 1		(Type or print) Marybeth	DeSantis	OF DEATH August 21 20 60
ed with pletely ers. Pog		Female Caucasion WIDOWED		last birthday) Manths Days Haurs Min.
se executed v and camplet bon papers.	ð ~		one District	Columbia United States
ian cari	ŧ (3. FATHER'S NAME Frank DeSantis	14 MOTHER'S MAIDEN Barbara A.	DeSantis
h certifi ing phy se rema	72 ho	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yee, give wor ar dates of service) NO	N/A N/A Frank	J. DeSantis ddres 4804 Robles Drive, Upper Marl
equires that the death ce in. signed by the attending it permit. Then please re	nd in any event withir	1B. CAUSE OF DEATH (Enter only one cause per line for part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions if only, which gave rise to immediate cause (a), stoting the under-lying cause last. (c)	or (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
AN: The low r anding physicic icate has been ihe burial-trans	ar remaval, a	Brought to USAF Hospital		
PHYSICI al or atte this certif	emation,	20c TIME OF INJURY Manth, Day, Year 20d INJU While Unknown. Aug 20 19 60 at wark	NOT While at wark 120e. PLACE OF INJURY (Hame, fail factory, street, affice bldg., e	rm, 20f. (City or town) (County) (State) ttc.) Upper Marlbore (PG) Md.
A STTENDING I by the haspit ECTOR: After be detailled fo	ar to burial, cr	21. I certify that I oftended the deceosed alive on N/A	, and that death occurred at N/A	M, from the causes and on the date stoted abave. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (\$100 60 60 60 60 60 60 60
ineck AL DIR	stror pri	PHYSICIAN: James W. G. Carmar	USAF Hos	p.,Andrews Air Base
may be per 3 FUNES	the regi	REMOVAL (Specify)	2c. NAME OF CEMETERY OR CREMATORY Prington National Cen	
2 E 2 E VS A15 (4) 15M 9/58	4	B. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros.Fun'1 Home	ADDRESS per Harlbord 240. RE	C'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 1G 2 3 '60 Could S. Kinne
	hus	2 1 1		



PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidance bafora edmission) director, Page or your files. a. COUNTY a. STATE b. COUNTY Prince George County MARYLAND Maryland Prince George b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) for your I Board of I write RURAL and give nearest lown! Mount Rainier Adelphi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? University th Street Boulevard YES NO TO 3. NAME OF Middle DATE DECEASED OF with the HOWARD DRAKE (Type or print) DEATH 1960. after August 9. AGE (In yours I IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 24 HRS. may 2 with 2, end. 5 may jasi birihday) Months 30 1893 Male WIDOWED X DIVORCED December 10a. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Machinist U.S.A. File pages 1 Printing New_York FATHER'S NAME BENEWA Office along with form buriel-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Hyesgivaweror dates of service) Williams Bethesda Md. No 89 Arthur H. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Tamponade IMMEDIATE CAUSE (a) DUE TO Rupture of the heart Conditions, if any, which (b) gava risa to immediate causa Ф DUE TO (a), stating the underlying cause last. Cardiovascular renal disease PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTOPSY CERTIFICAMON PERFORMED? cute the certificate, writing the word se forwarded to the Chief Medical E. AL. DIRECTOR: Page 3 should be Aortic valvular disease- rheumatic 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, EXTERNAL CAUSE WAS Page 3 PRIMARY [] or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry 👆 and in my opinion death resulted from: Suicide | Natural causes 😓 Accident Undetermined manner 1 Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD 1960 should NAME (Type) August Address (Street, city, town, or county) E 22a, BURIAL, CREMATION, 22b. DATE THEREOF 240 p 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR **ADDRESS** VS. AISME CHAMBERS CO.. Riverdale, Md. DATE AUG 1 8 '60 5M 7/59 Cilling I Through



	1)	-	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
4	X	2		9538 CERTIFIC	ATE OF DEATH Reg. Dist. No. 42
Poge	director led witl	IA	7	1. PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE MARYLAND PRINCE THORSES
eath.	erol be fi		Ì	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
ter de	e fun	E.	,	CAMP SPRINGS 1 Mo. 17 Da d. NAME OF HOSPITAL (If not in hospital, give street address)	RURAL WALDORF d. STREET ADDRESS e. IS RESIDENCE
irs of	by th	-		OR INSTITUTION USAF HOSP ANDREWS	APT 2 BLUE BIRD INN YES NOK
24 909	lled 7			3 NAME OF First Middle DECEASED (Type or print) MARIE WADE	Last 4. DATE Month Day Year OF DEATH AUGUST 5 1960
ithin	Poge		ı	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
3	plete			FEMALE NEG WIDOWED DIVORCED	13 AUGUST 1930 29 yrs.
tecut	pope pope			10a USUAL OCCUPATION (Give kind of wark done) during mast of working life, even if retired) HOUSEWIFF. NONE:	IUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
9 ec	on ond corbon ofter de		ŀ	HOUSEWIFE NONE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ate		/-		RICHARD L. WADE	UNKNOWN
rtific			1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wer or deres of service)	INFORMANT Address
÷ c	ding ose re in 72	7	4		ERBERT ELLIOTT, APT 2 BLUE BIRD INN, WALDORF I
8	otten ple with			THE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (c) CARCINUM A	METASTATIC GENERALIZED ONSET AND DEATH
at th	The The			1 / 7.5 () DUE TO	A BOUT
th sa.	ed by rmit.			gave rise to immediate	OF RIGHT OVARY 9 MONTHS
equi	sign it pe			couse (a), stating the <u>under.</u> lying cause last. (c)	
W L	ysicio been Irans ol, ai			PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The	g pn has uriol	2		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	YES NO
AN.	icate			206. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	CELL (LINE) HOUSE OF HIJELY WATER FOR THE WATER AND A SHEET AND A
YSICI	certifie of other of the officer,				PLACE OF INJURY (Hame, farm, 120f. (City ar town) (Caunty) (State) factory, street, office bldg , etc.)
Hd (this or us				
DIN	After After red for			21. I certify that I attended the deceased fram. 19 JUNE alive an 5 AUGUST 19 60 , and that dea	th occurred at 5:10PM, from the causes and an the date stated above.
JEN.	OR: /			11 5 20	th accurred at 2 · ± 2 ± M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
OR A	DIRECT DIRECT Id be d prior to	A A		SIGNATURE Charles 2. Ohoon	M.D USAF HOSP ANDREWS 5 AUGUST 1960
-				PHYSICIAN'S CHARLES S. MOON, CAPT USAF MO	USAF HOSP ANDREWS, ANDREWS AFB, WASH 25 DC
HOSE	POSE 3 show			220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY REMOVALISSING SPORTS STATE OF COMMERCY SPORTS SPORT	OR CREMATORY 22d. JOCATION (City. Jown or county), (State)
D1 %	5		1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE AUG 1 2 60 Criting & Trima
	9/58		F	JC9N 6 KM/N (0-301)-1	200 (IN C) DATE
	► 415 (4)			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE CITILINA & TURNA





MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9464 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where declared lived. If Institution: Residence before admission) a. COUNTY D. STATE **b.** COUNTY MARYLAND CIPO OR TOWN III outside corporale limits, write RURAL CIDXOR TOWN (If autside carparate Limits, write RURAL and give nearest town) OF HOSPITAL OR INSTITUTION (IF hos in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO TO DATE OF DEATH NAME OF Middle Month Day Year DECEASED (Type or print) 19 6 5. SEX 6. COLOR OR RACE MARRIED 9. AGE It your IFUNDER TYPAR IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Min. WIDOWED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY guring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY allom 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 17. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c). INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which pave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 160-119. WAS AUTOPSY PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or fown) (County) (Stole) D 25 Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry , and find that Accident Suicide , Homicide , Undetermined cause **DATE SIGNED** ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** TO FUNER NAME (Type) DEPUTY MEDICAL EXAMINER prward 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOE 22d. LOCATION (City, fawn, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Vs. A15ME(5) AUG 2 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 9466ee:Birth Cert CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o STATE b. COUNTY MARYLAND Pri. Geo. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3 hrs 15 Min Seat Pleasant Cheverly d. NAME OF HOSFITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Prince Georges General Hospital 908 Addison-Chappel Road NAME OF 4. DATE OF Month Firled DECEASED (Type or print) DEATH August death Baby Girl Everett S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthdoy) Months Doys DIVORCED [Female Colored WIDOWED | yrs papers. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs during most of working life, even if retired) Cheverly, Md. J. J.A. pup carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Doris Everett remaye Donald Brown 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address aftending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā avially mo breath PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á te has been signed by burial-transit permit. Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse last. or attending physician. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19] crematian, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18) certificate the 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) factory, street, office bldg., etc.) Hour o. m. White Not while After this of work of wark haspital p. m. detached ___19__60 and that death accurred at 7_PM, from the causes and an the date stated above saw the deceased alive an Aug. 6 = PIRECTOR: 22a. SIGNATURE þ ATTENDING PHYS MED DIRECTOR STAFF PHYS M.D FUNERAL DIR 22c PHYSICIAN'S 22d. ADDRESS Thomas Christensen M.D. 6905 Baltimore Ave. NAME (Type) College Park Md. page 3 sh the State I DATE THEREOF BUR AL, CREMATION. 236) NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City, town, at county) REMOVAL (Specify) 0 REC'D BY REGISTRAR 255-REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

ON A FARM? YES NO

Year

19 60

WAS AUTOPSY

PERFORMED? YES NO N

(Stote)

22b DATE

(State)

SIGNED

VR A1S (4) 15M 9/59 Lord

certificate be executed



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH detay is necessary, meral director, Page ned for your files, are Board of Health, e. COUNTY (TEORGE RINCE MARYLAND h. CITY OR TOWN (if outside corporate l.m.ts. c. LENGTH OF STAY IN 16 C.TY OR TOWN (If outside corporete limits, write RURAL and a ve neerest lown) write RURAL end give neerest town! d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) LANH d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained State YES NO 3. NAME OF DECEASED OF with the in pencil in lem 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be re purial-trensit permit. File pages 1 and 2 with the oval, and in any event within 72 hours after do 1960 (Type or print) DEATH 5 SEX 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LECTRICAL CONST. GROUND MAN VIRGINI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknewn) (if yes give wer or detes of service) Office along with burial-trensit permi WORLD WARD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) removal, DUE TO Conditions, & any, which (b) geve rise to immediate cause 0 DUE TO (e), steting the underlying should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as o cause lest. cremation, PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,911 19, WAS AUTOPSY CERTIFICATION PERFORMED? xecute the certificate, writing the word NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY FT or CONTRIBUTING e 3 shor CAUSE OF DEATH. Month, Day, Year 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg , etc.) While Not While et work et work Fri Weeterl prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 12 Inquiry | 14 and in my opinion death resulted from: Natural causes Suicide L Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, ety, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMFTERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 240 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG arthur & House 5M 7/59

TATE DEPARTMENT OF HEALTH



director, filed with certificate be executed within 24 haurs Ε. COL pup attending

ached far RECTOR:

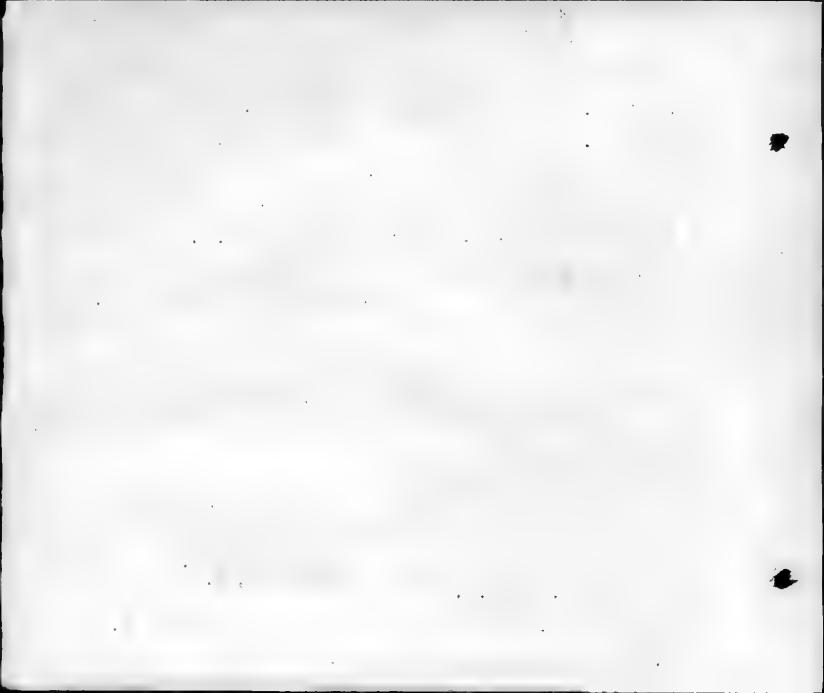
page

VS A15 (4)

ISM 9/S8

by the TO FUNERAL MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

9467 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) o. COUNTY Prince George's o. STATE Maryland b. COUNTY Pro George's MARYLAND b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md. Cheverly Md. 26 vears d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE 2604 Cheverly avenue ON A FARM? 2604 Cheverly avenue YES NOX NAME OF Middle 4. DATE Manth Year DECEASED John Raymond Fletcher August 60 DEATH (Type or print) 19 9. AGE (In years lost birthday) 6. COLOR OR RACE 7 IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8. DATE OF BIRTH July 25, 1900 Months Days male white WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Prince George's Co Washington D. C. USA Judge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Landdon Fletcher Grace Etta Fields 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Emma L Fletcher Cheverly Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 19. WAS AUTOPSY PERFORMED? YES NO IN 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while at wark at wark 21. I certify that I attended the deceased from Marth , 1960, to ang 27 1960 that I last saw the deceased ____, and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 8/28/60 4008 Bladensburg Rd., **ACTUAL** SIGNATURE Cottage City. Md. PHYSICIAN'S NAME (Type) Louis M. Jimaz M. D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) hug 30, 1960 Ft Lincoln Cemetery Colmar Manor, Md. Burial 24g, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland. DATE



09449

1	. PLACE OF DEATH a. COUNTY Pri	nce Georges		MARYLAND	2. USUAL RESIDENCE (Who state Maryla	are deceased lived If institution b COUNT		Georges
	RURAL and give ne	autside carporate limits warest tawn) Verly	rite c. LENGTH	of stay in 16		utside carporate limits, write Marlboro		
, [OR INSTITUTION	e Georges Ge		spital	d. STREET ADDRESS	hitehouse Rd		e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First B aby		Middle Boy	Last Ford	4. DATE MO OF DEATH Augs	enth	Day Year 21 19 60
3	SEX Male		MARRIED NEVI	ER MARRIED TO	B. DATE OF BIRTH 19 Aug 1960	9. AGE (In year last birthday)	Months Day	AR IF UNDER 24 HRS 'S Hours Min
ī	Oa. JSJAL OCCUPATIO during mast of work None	ng life, even if retired)	106 KIND OF BU	ISINESS OR INDUS	TRY 11 BIRTHPLACE (Stole Maryla	ar fareign country)		SA.
1	3. FATHER'S NAME	NY . 12	27		14 MOTHER'S MAIDEN N	AME	· · ·	
	S WAS DECEASED EVER	IN U. S. ARMED FORCES		URITY NO. 17 IN	Margaret FORMANT		dress	
	Yes, no, or unknown) (f yes, give wor or dates of service	1		Mother	Same		
			per line far (a), (b)	aturi	ty			NTERVAL BETWEEN NSET AND DEATH
	cause (a), stating the <u>under-lying cause last.</u> tying cause last. (c) (c)							
	21. I certify that (I) (this hospital) attended the deceased from and 19. 1960, that (I) (we) last saw the deceased alive an and 19. 21. 1960, and that death occurred at 1.25M, Abom the causes and on the date stated above 220 S GNATURE.							
	22c PHYSICIAN'S NAME (Type)	Dr. John 1	Perkins	ı	224 ADDRESS	RECTOR D STAFF PHYS D Control of the staff phys Staff	t. Hyatt	sville, Md
72	30 SURIAL CREMATION REMOVAL (Specify) Cremation	N, 236 DATE THEREOF		e George		23d LOCATION (City, town	, or county) NANYLA	(State)
	A FUNERAL DIRECTOR:	and the second of	ADDRE		2Sq REC'I		SISTRAR'S SIGNA	TURE
52	/:	07/195x	H					

Electric Services

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h. Rafter death. Page 4 may be recorded to a strength of a strength of

VR A1S (4)



MARYLAND STATE DEPARTA MEDICAL EXAMINER PLACE OF DEATH a. COUNTY Prince Georges MARYLAN b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN I Cheverly D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital

۸E	NT OF HEALTI	H-BA	LTIMORE,	18				
	CERTIFICAT		•		() () Dist. No	450)	
	2. USUAL RESIDENCE (V	Vhere decea	sed lived. If Institut	lion: Res	idence be	fore adm	ission)	
D	g. STATE Mary	land	b. COUNTY	Pı	rince	Ge	orges	
ь	c. CITY OR TOWN (II	outside car	porote limits, write	RURAL	and give r	earest ta	wn)	
	Eastpine Eastpine	s						
	5901 67th Avenue s. is residence ON a farm? YES \(\text{NO PR} \)							
	3701 01611	,	ue			YES	NOTA	
	Last	4. DATE	Month		Day	γ	6GL	
	Franke	DEATH	August	;	30	, 1	9 60	
8.	DATE OF BIRTH		9. AGE (In years		ER TYEAR		ER 24 HRS.	
V	May 1, 1872		88 yrs,	Months	Days	Hours	Min.	
JST	Y 11. BIRTHPLACE (Stole	or foreign o	country)	12. 0	ITIZEN O	E WHAT	COUNTRY?	
	German	ıy			Geri	nany	7	
	14. MOTHER'S MAIDEN I	IAME						
Augusta Frommhod								
IN	FORMANT		Address					
N	Max Franke (Husband) Same as # 2							
		(nacc)	Journal De					

NAME OF DECEASED (Type or print) Frieda Hedwig 5. SEX 6. COLOR OR RACE 7. MARRIED PROPERTY MARRIED White Female WIDOWED [7] DIVORCED | 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

Own Home 13. FATHER'S NAME Truettott Woohlgemut 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. lif yes, give wor or dates of service (Yes, no, or unknown) None No 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. While Hour G. m. Nat while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry R, and find that deoth resulted from: Natural couses . Accident , Suicide , Homicide , Undetermined couse DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL CREMATION, 22b. DATE THEREOF Cremation 9/3/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Ft. Lincoln Colmar Manor. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Chillian S. Kraus DATE SEP 6 F. Gasch's Sons Hyattsville, Maryland

VS. A15ME(5) 5M 9/55



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, after death. Page 4

TO HOSPITA

VS A1S (4) 1SM 9/58

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9513	CERTIFICATE	OF	DEATH	

09451

Reg. Dist. No.

)	Place of DEATH Prince George's MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland. b. COUNTY Pro George's					
	RURAL and give r	(If outside corporate limi learest town) rdale Md	ts, write	LENGTH OF STAY	-			dale	rote limits, write R Md .	URAL and give	nearest to	en}
	OR INSTITUTION	TAL (If not in hospitol, g Ravenswoo				d. STREET /		swood	Road		ON	SIDENCE A FARM? NO
	3 NAME OF DECEASED (Type or print)	Fir Eth		Adel		land	t	4. DATE OF DEATH	Augus t	22,	Day	Year 19 60
	s.sex female	6 COLOR OR RACE white	7. MARRIE	_		July 2			9 AGE (In years lost birthday) 76 yrs.		EAR IF UNI	
	during most of wo	ON (Give kind of work or king life, even if retired tired		ND OF BUSINESS O	OR INDUST		h Dek	ota	ountry)	U S	S A	COUNTRY
	Geor	ge W Freel	and				Hatti	e Seb	bins			
	15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U.S. ARMED FOR If yes, give war or dates of s	CES? 16. SC ervice)	OCIAL SECURITY NO		abel F	reela	nd R	Addi iverdale			
	Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate DUE TO	a	ereb	usic	Clock	id	Lea	+ De	<u>ي</u>	ONSET AN	JUEATH
	ICATIC	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	1 TUS HTA	IOT RELATED TO	THE TERM!	NAL D-SEAS	E CONDITION GIV	EN IN PART I	PERF	AUTOPSY ORMED?
7		AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED	(Enter noture of	of injury in 1	Port I or Port	t II of item 18)			
	20c. TIME OF INJU Hour o m. p. m.	RY Month, Doy, Yes	While of work	Not while		CE OF INJURY orry, street, offic			or town)	(Cou	nty}	(Stote
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	196	Q_, and that	death	occurred at	yatts	M, from ADDRESS (SI SVILLE Attsvi	the causes an treet, city or town, e. Md	d on the costate) 8/	22/60	ed abave
1	Burial (Specify Burial	8/24/60		Pt Linco			7	Colma	r Manor	Md.	,	ote)
1	23. FUNERAL DIRECTOR	ch's Sons	Hyatt	sville,	Mary!	land.		D BY REGIST	100	STRAR'S SIGN		



7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
. o .	W.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09459
fd b	2	9471) MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 202
shoufe cremot		2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY: b. COUNTY b. COUNTY
10 / p	(M	b. CITY OR TOWN (If outline corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. COTY OR TOWN (If outline corporate limits, write RURAL and give necrest town)
Page Page		CHEVERLY DOA 3104 Shekherd St. 1
is nector.	014	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Geo General Mr. Rainer Mr. 1 YES NOT
G = 10.		3. NAME OF First Middle Lost 4. DATE Month Day Year
ny d nerc your gisti		(Type or print) RALPH NULLE FREY DEATH QUE 2B 1960
Te for F		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
# 5 in #		MIDOWED DO DIVORCED D JULY 28/88 7/ yrs. MONTHS DOYS TOWN MITH.
dec dec refo		10g. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
offer 2, or 7 be and		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1. 1.		/ ALLIC A EREV
4 ho		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / ATT SASTON LUE MA
in 2 ive P		(1/a. no, of unknown) (if yor, give wor of doles of service) 5777-40-6333 RALDH WYLLE FVEU IV
MAG.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
uted n 18, rm F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral accident Wist
lten h fo		DUE TO A/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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War War Exe shou		20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, affice bldg., etc.) White Not white of work of work of work
the dico	3,	Hour g. m. White Not white of work of work of work
XAA Sting F Me	Mary Park	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Z, Inquiry, and find that
AL E.		death resulted from: Natural couses 7, Accident , Suicide , Homicide , Undetermined cause .
Coste The REC		ACTUAL SIGNATURE DATE SIGNED ACTUAL SIGNATURE DATE SIGNED
W O	<u>.</u>	SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
DEPUTY of the privace FUNERA	DADE:	EXAMINER'S DAYTON OWATR/VOERLITY MEDICAL EXAMINER & 8-22 40
oto Prof D. Fu	5	BURIAL CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) (Specify) (Stole)
VS. ATSME(S	i	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MY Rainels 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
SM 9/55	,	Malley's French Home, med. DATE ANG 29'60 archur & thous
		The,



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be a sined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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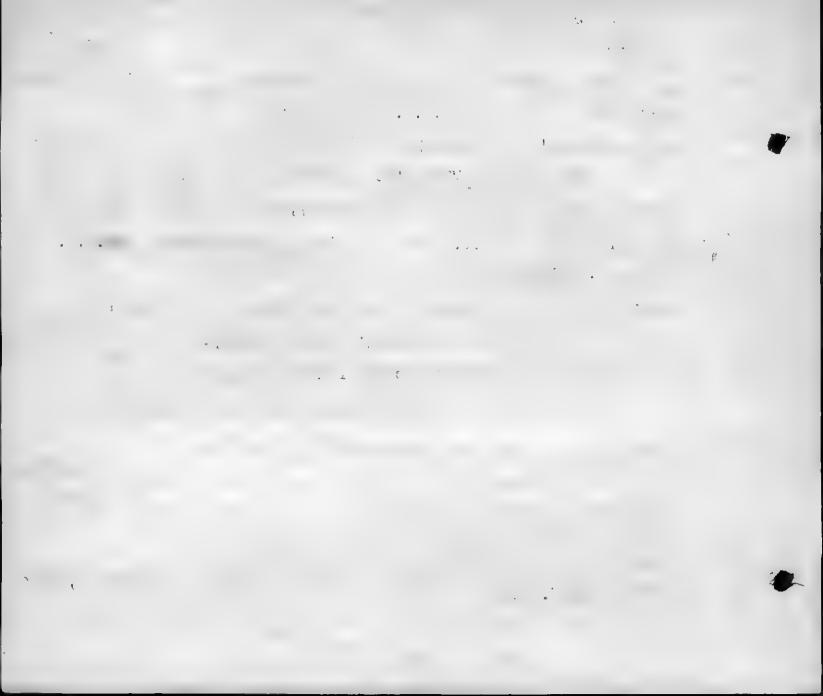
	PLACE OF DEATH			2 USUAL RESIDENCE (Who	ere deceased li		n Residence b	efore admission)			
	Prince George	es MA	RYLAND	o. STATE D.	C.	b. COUNTY	-	· ·			
ľ	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)		AY IN 15	c CITY OR TOWN (If or	Iside corporol	te limits, write RU	RAL and give	nearest fown)			
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×	d. NAME OF HOSPITAL (If not in hospito), gi OR INSTITUTION_	ive street oddress)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?			
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		ary		Green	DEATH	8	1	7 1960			
1	S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MAI	RRIED 🔲	B. DATE OF BIRTH	9	AGE (In years lost birthday)	Months Do	AR IF UNDER 24 HRS			
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	15. WAS DECEASED EVER IN U. S. ARMED FORC		NO 17. IN	FORMANT		Addre	555 555	3 C D			
	No	-	M	uriel Marshal	1	zoou sta Washingt	nton K	d., S. E.,			
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Month, Doy, Yeo Hour o.m.		20e. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City o	r town)	(Cour	ity) (Stote			
1	Hour o.m. 19	While Not while of work	,,,,	ioty, arees, ornea blug., a.c.	'i						
1	21. I certify that (I) (this haspital)) attended the decease	ed from	7/26/60	, to _8,	/17/60	19-	that (I) (we) las			
	saw the deceased alive on 8/1	1/-		eath occurred at P	M. fram th						
	22a. SIGNATURE							22b DATE			
	I MAKUV	un	,	A.D. PHYS DIE	D. RECTOR X	STAFF PHYS.		8/17/60			
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS	Glenn I	Dale Hos	pital				
	Moe Wei	iss, M. D.			Glenn I	Dale, Md	<u>.</u>				
Ī	230 BUR AL, CREMATION 235. DATE THEREO	23c NAME OF C	EMETERY OF	R CREMATORY	23d, LOCATIO	DN (City, town, o	r county)	(State)			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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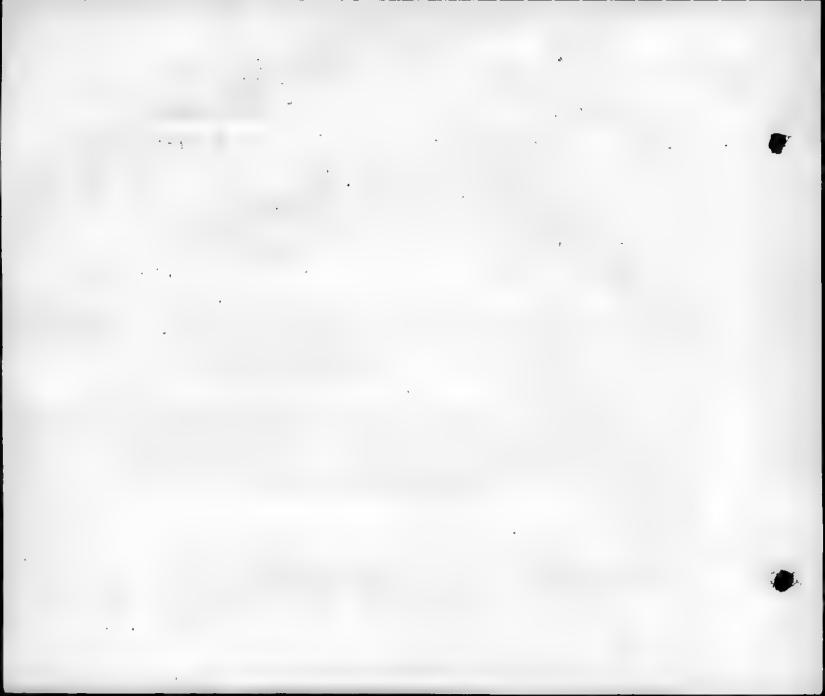
ofter death. Page 4

the death certificate be executed within 24 haurs

in the funeral director, ond 2 should be filed with completely filled in pages 1 and ours after death. he attending physician and hen please remove carbor nd in any event within 72 h

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1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Reside	nce before admission)
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	c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	RIVERDALE	KENTUAND	
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE
L	LELAND MEMORIAL HOSPITAL	1 1584 HAWTHORNE	
3	NAME OF First Middle	Last 4. DATE Month	Day 'ear
	(Type or print) MARY ELIZABE	TH HALL DEATH AUGUS	T 26 96
S.	6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF JNDE lost birthdoy) Months	R I YEAR F UNDER 24 H
	FE WIDOWED DIVORCED	6/9/861896 64 yrs.	Doys Hours Min
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	HOUSE WIFE OWN HOM	MARYLAND	U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ARTHUR TUCKER	ELIZABETH PEAC	OCK
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1, no, or unknown)	NFORMANT Address	
(14	N &	HOSPITAL RECORD	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b); and (c).]		INTERVAL BETWEEN
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CERT	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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MEDICAL	1441116 TIANTE	octory, streat, office bldg., etc.)	,
>	7	0112.06	11.
ı	21 I certify that (I) (this hospital) attended the deceased fram	(12-	Ed. that (1) (we)-la
		death accurred atM, from the causes and on the	
	220. SIGNATURE	M D ATTENDING MED STAFF	22b DATE
	22c. PHYSICIAN'S	M D PHYS DIRECTOR PHYS D	0 - 6. 6.
	NAME (Type)	117 DULY 1 10 70	1:1
	710/11/1		4 1
230	believed to	OR CREMATORY 23d LOCATION (City, town, or county)	(Stote)
	Purial 8/30/00 Mt Olivet C		V.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S S	IGNATURE TO ANE
~	J. Jasel sons // Clarletin	- Cilizo DATE AUG 31'60 CIVILIA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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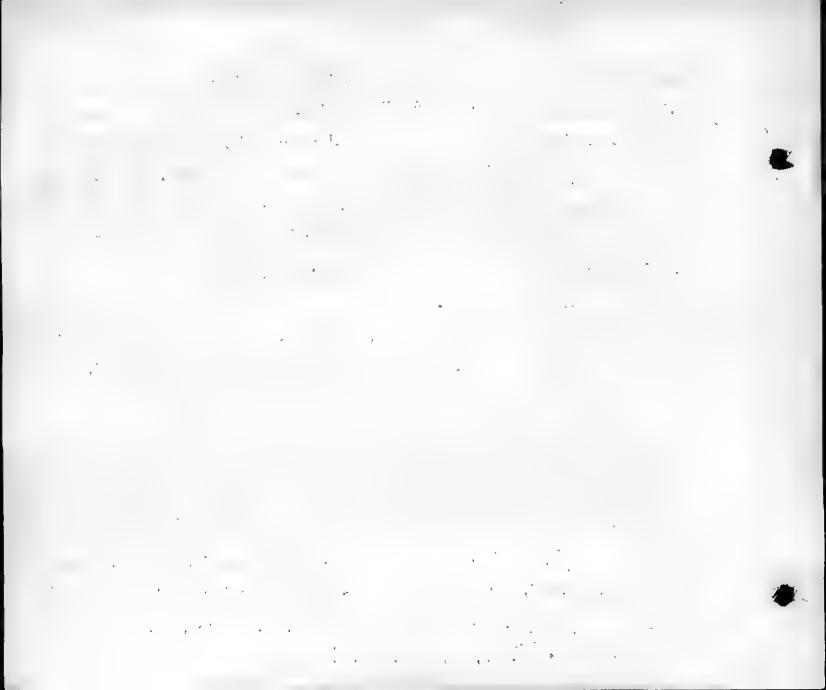
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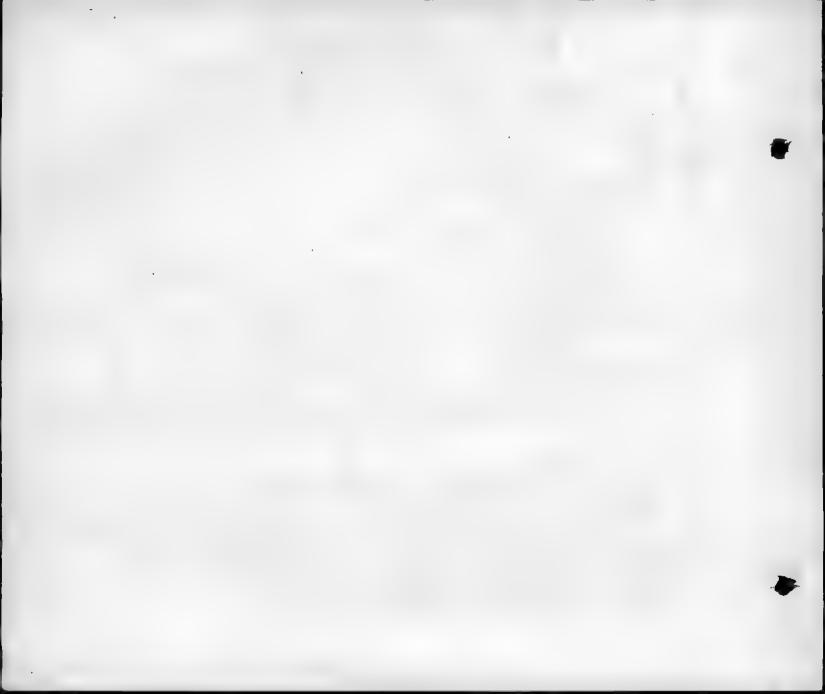
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09459CERTIFICATE OF DEATH Reg. Dist. No. 무 director death: Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY STATE should be filed **b** COUNTY INCE GED MARYLAND 11 12 141721 24775 uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY, OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest toy 1222 24 haurs ofter d. NAME OF HOSPITAL (If not in hospital) give street address) OR (NSTITUTION) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IN NAME OF FIRS 4. DATE OF DEATH Manth Day Year DECEASED (Type or print) 1960 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED TEL B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE_fin years birthday) Months Days Hours Min. WIDOWED [7] DIVORCED [YES 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) during most of yaptking life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician e remove 15. WAS DECEASED EVER'IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address please CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

"IMMEDIATE CAUSE (a) KIEE. **DUE TO** any Conditions, If any, which gave rise to immediate **DUE TO** cause (a), slating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 FICATION WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) (County) (State) Heur a. fi. factory, street, office bldg., etc.) While Not while 19 at work at work p. m. 21. I certify that I attended the deceased from 19<u>60</u> that I last saw the deceased alive an and that weath/occurred at AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE å PHYSICIANIS NAME (Type) TO FUNER e BURIAL, CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY -22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) U1321mag (47) 121652 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Averdale, Md. VS A15 (4) 15M 9/55 AUG 3 0 '60 Orthur S. Thousand FUNERAL DATE



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13. RATHER'S NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, If only, which pover is to immediate couse [o), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED. YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED. YES NO REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED. YES NO RECEIVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED. YES NOT THE TERMINAL TO THE TERMINAL TO THE TERMINAL TO THE TERMINAL THE THE TERMINAL TO THE TERMINAL TO THE TERMINAL TO THE TERMINAL THE THE	during most of working life, even if retired)	RY 11/61RTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY
The control of the part of t		14. MOTHER'S MAIDEN NAME
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (c), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 200. CAUSE OF DEATH. 200. CAUSE OF DEATH. 200. CAUSE OF DEATH. 200. CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 120f. (City or fown)) White Not while Propriy sireet, office bidg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and find the deoth resulted from: Natural couses Accident Signature ACTUAL SIGNATURE ATTO ACCIDENT ACCIDENT PART II. OTHER MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ACTUAL SIGNED 220. EURIAL CREMATION, 1250. DATE THEREOF BURY II. OCHER MEDICAL EXAMINER ACTUAL SIGNED 220. EURIAL CREMATION, 1250. DATE THEREOF BURY II. OCHER MEDICAL EXAMINER ACTUAL SIGNED 220. EURIAL CREMATION, 1250. DATE THEREOF BURY II. OCHER MEDICAL EXAMINER ACTUAL SIGNED 221. I CERTIFICATION, 1250. DATE THEREOF BURY II. OCHER MEDICAL EXAMINER ACTUAL SIGNED 222. EURIAL CREMATION, 1250. DATE THEREOF BURY II. OCHER MEDICAL EXAMINER ADDRESS WAS H. D.C. 1240. RECO BY REGISTRAR 240. REGISTRAR'S SIGNATURE		NFORMANT Address 7210-All muly
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Conditions, if only, which gove rise to immediate couse (c), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED. 20b. EXTERNAL CAUSE WAS PRIMARY TO OF ORNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. 20c. EXTERNAL CAUSE WAS PRIMARY TO OF ORNTRIBUTING TO DEATH BUT II of item 18.) PRIMARY TO OF ONTRIBUTING TO PORT II of item 18.) PRIMARY THOUGH THOUGH TO PORT II of item 18.) PRIMARY THOUGH THOU	IMMEDIATE CAUSE (o) WOOLWOOD	multiplials of inst
Course Lost Course Lost Course Cours	Conditions, if only, which) to Selle - Ch	putates of less
PERFORMED? YES NO YE	(o), stoting the underlying DUE TO	vbouneled_
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) While While Of p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Actual signature Actual signature M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) ATT DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-27-60 PORT LINCOLN CEM. 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , inquiry , and find the death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined couse . ACTUAL	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	inter noture of injury in Port I or Port II of item 18.1
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , inquiry , and find the death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined couse . ACTUAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA. While Not while	CE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
deoth resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined couse ACTUAL		Marienz 1
SIGNATURE & CONTROL OF COUNTY AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL		
EXAMINER'S DAYTON WATK SEPUTY MEDICAL EXAMINER S-26-60 220. BURIAL, CREMATION, 226. DATE THEREOF PROPERTY OF CREMATORY SEMOVAL (Specify) 8-27-60 PORT LINCOLN CEH: COTTAGE CITY, HARYLAND 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH: DIC: 240. REC'D BY REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE Dayton O Walten.	_M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
PEMOVAL (Specify) 8-27-60 FORT LINCOLN CEM, COTTAGE CITY, HARY LAND 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH, D.C. 240. RECID BY REGISTRAR'S SIGNATURE	EXAMINER'S DAYTON D. WATKII	
humit hat bus man a fire when a fire of the	BURIAL 8-27-60 FORT LINCO	
DATE AILG 2 9 TOU Control 2, Touth		The state of the s

VS. A15ME(5) 5M 9/55



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Prince Georges

U.S.A.

ONSET AND DEATH

PERFORMED? YES NO T

(County)

Chilling S. Kraus

250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE AUG 2 3 '60

(Stole)

22b. DATE SIGNED

e. IS RESIDENCE

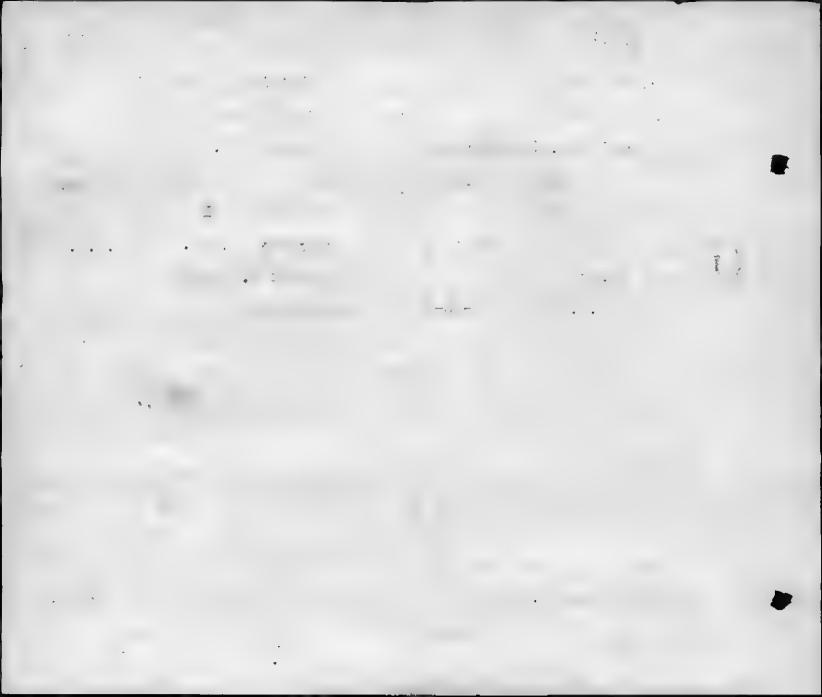
ON A FARM?

YES NO IX



AND RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmiss on) e COUNTY aral director. Page Health, Tumbia files. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) ŏ write RURAL and give neerest town) Glass Manor Transient Washington τo d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 829 316 Reseld Quincey YES TO NO! NAME OF Middle 4. DATE DECEASED OF with the and 3 to th (Type or print) HINES 18 Francis DEATH 19 60 after Leo may be 2 with th 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. ss 1, 2, and 3 sage 5 may 1 and 2 will Jast birthdey) Hours Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 'in pencil in Itam 18. Give Pages Office along with form PM3. Pat burial-transit permit. File pages 1 Va. U.S.A Mail Carrier Retired B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hines Margaret E. Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detective Yes W. W. # 2 Personal Papers 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b). INTERVAL BECWEEN 5 PASET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) **DUE TO** Conditions, fany, which (b) gave rise to immediate cause DUE TO (e), steting the underlying Examiner cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 90 Xecute the certificate, writing the word I be forwarded to the Chief Medical ERAL DIRECTOR: Page 3 should be signated agent, prior to burial, cremali NO F 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY CCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Suicide Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURI DEPUTY MEDICAL EXAMINER EXAMINER'S 60 NAME Aype ames Boyd Address (Street, city, town, or county) 220. BURIAL CREMATION | 226. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 ᇻ 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 2 4 VS. AISME 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY ? **b.** COUNTY Pri. Geo. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Riverdale d-NAME OF HOSPITAL ORANSTHUTION/ (If not in hospital, give street address) e, IS RESIDENCE ON A FARM? d. STREET ADDRESS - 61st Avenue YES NO NAME OF Middle DATE Day Month Yeor (Type or print) DEATH 19600 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Typeans 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED [7] 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 720 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. Office PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 50 WAS AUTOPSY PERFORMED? NO D YES 🔲 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | ar CONTRIBUTING | Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while at work O. ID. p. m. forwarde The Chief Medi 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry 1, and find that death resulted from: Natural causes Accident , Suicide , Homicide . Undetermined cause DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** SEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Lincoln CRETTLE 23, FUNERAL DIRECTOR'S SIGNATURES 24a. DÉC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SEP 2 160 arthur S. Kruns DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY delay is necessary, eral director. Page Prince George's Anarundel THE PERSON IN b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town? Cheverly D. O. A. East Port Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) e. IS RESIDENCE ON A FARM? George's General Hospital YES NO TE 3. NAME OF DATE DECEASED Gordon (Type or print) Irvin Hutchison DEATH August with 6. COLOR OR RACE 7. MARRIED EVER MARRIED 8. DATE OF BIRTH 19. AGE (In years HF UNDER 1 YEAR 18. Give Pages 1, 2, and 3 th form PM3. Page 5 may linit. File pages 1 and 2 with vevent-within 72 hours all Lorthdey) Whi te WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Agriculture Virginia B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hutchison Ethel Jones WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (If yes give wer or dates of service along with transit permit Mrs Beverly Hutchison, seme 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock and IMMEDIATE CAUSE (a) Office : DUE TO Compound fracture of the skull, fracture geve rise to immediate cause both tibias and fibulas, fracture of right 40 pending" (a), stetling the underlying radius and ulner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19, WAS AUTOPSY PERFORMED? 8 NO T pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part if of .tem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. about feet from a ladder 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Building While Not While at work /12/60 Beltsville Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3. Inquiry 51. death resulted from: Accident Suicide | Undetermined manner Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Jemes Boyd NAME (Type) Address (Street, city, town, or county) 22c. NAME OF PIMETERY, OR CREMATORY 22a, BLRIAL, CREMATION. EMOVAL (Specify) ₽40 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (Where deceased live	ed. If institution: R	esidence befor	e admissian)
Prince George's	MARYLAND	Mary	land	b county	ice Geo	rge's
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If autside corporate	limits, write RURAL	ond give nea	rest tawn)
RURAL ond give nearest town) Cheverly	6 hrs	66 East	Riverda	le		
d. NAME OF HOSPITAL (If not in hospital, give street		/ d. STREET ADDRESS			4	IS RESIDENCE
Prince George's General	L Hospital	5603	Longfell	ow St.		YES NO
NAME OF First	Middle	Lost	4. DATE	Month	Day	Yeor
(Type or print) Baby	Girl	Hynson	OF DEATH	Aug	16	1960
SEX 6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	B. DATE OF BIRTH	9. /			IF UNDER 24 HRS
Female White WIDOWI	ED DIVORCED	16 August	1960	ost birthday) Ma yrs.	onths Days	Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			y) <u> </u>	12. CITIZEN OF	WHAT COUNTRY?
during mast of working life, even if retired) None		100	. O.P. 2	21 1		
FATHER'S NAME		14. MOTHER'S MAIDEN	N NATIONAL PROPERTY OF THE PARTY OF THE PART			-
			0			
Richard Everett Hynson WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Joyce Joyce	Ann Carte	Address		
es, no, or unknown) ((f yes, give war or dates of service)	SOCIAL SECORITY NO. 17. 4			red (u.x		
		Mothe	r Same			
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).] 4				ONS	RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	nmaturit	4				
761.5 DUE TO		1		1 .		
Conditions, if ony, which) (b)	em zuture	cupture w	embran	1 2 habo	2 10	
gave rise to immediate DUETO	•					
lying cause lost	comostan.	- CARVIX				
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE CO	DNDIT ON GIVEN I	N PART 1(a, 15	WAS AUTOPSY
						PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II o	of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, R	orm, 20f. (City or	town	(Caunty)	(Stote
Haur a.m. While	Not while fo	ctory, street, office bldg.,		,	(00011177	,5.0.0
р. м.	k 🗌 at work 🔲		-			
21 I certify that (I) (this haspital) attend	led the deceased fram	Aug - 15	12.60 ta_Au	g15	1%Q_, the	at (I) (we) las
saw the deceased alive on Aug. 15	19_60 and that a	death accurred at .	15 Mfram the	causes and a	in the date	
22a SIGNATURE	· C	ATTENDING _	MED _ S	YAEE		22b DATE SIGNED
Ki Kennedy I	pepton.	MIN PHYS FI	DIRECTOR .	HYS 🗆		
22c PHYSICIÁN'S NAME (Type)		22d, ADDRESSO (College A	ve. Coll	ece Par	rit Md.
Dr. R. Skiptor	1., M. D.	4,00				- M. P. P. C.
BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d, LOCATION	(City, town, or co	ounty)	(State)
PREMOVAL (Spacify) 8/17/60	not Clevet	Camoloria	Wash	addo.		
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 2-80-7	P. Jano 25# RI	EC'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATUE	ßE
Taller Tunos of Thomas	mr Rain	DATE	AUG 18'6	ani	Churt S. Th	Laure
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09468 CERTIFICATE OF DEATH 1 × 24 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY b. COUNTY MARYLAND 1200 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rtale d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM arland YES NO Z 120 4. DATE NAME OF Middle Month Dov Yeor DECEASED 3 DEATH (Type or print) 19 60 IF UNDER I YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Manths Dovs Hours DIVORCED WIDOWED-10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR FIDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Kaibroad WORKER Oa 13. FATHER'S NAME 16 SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Leland Men INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] ONSET'AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o m. While Not while of work of work 19 Chat (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 and that death accurred accurred of M, from the causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE S.GNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS M.D 22c PHYS CIAN S 22d ADDRESS NAME (Type) 230 BURIAL, CREMAT ON, 236 DAT REMOVAL (Specify) 94 DATE THEREOF 23c NME TAGENTER OFFICE COM (Stote) ADDRESS 256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

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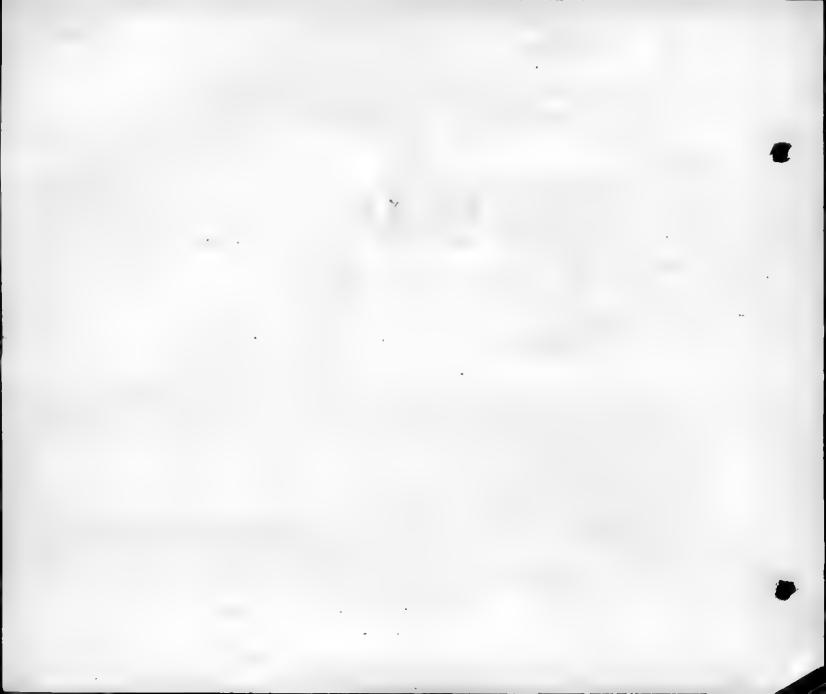
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1. PLACE OF DEATH e. COUNTY

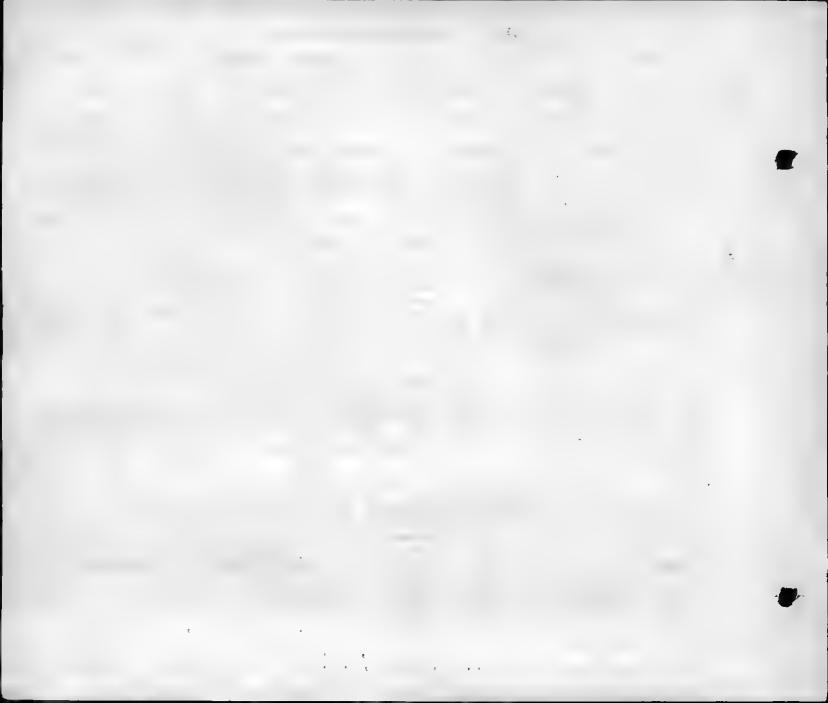
b. CITY OR TOWN (If a

RURAL and give near

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
9548 CERTIFICATE	OF DEATH Reg. Dist. No.
2. US	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Party MARYLAND 0.	STATE BLOWNY BLOWNY GREATES
st fown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RINGS (RURAL) 3 HOURS	WAShinigtoN 22 DC (RURAL)
	STREET ADDRESS 701 SWAN HARbOUR ROAD, ON A FARM? YES NO NO
to thistoens	
er hie Middle	Lost 4. DATE Month Day Year OF DEATH AUGUST. 29 10/
COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE	OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
CAUC WIDOWED DIVORCED 9	JAN 1923 Sy yrs Months Doys Hours Min.
(Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11	BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AIR FORCEPILOT	PENNSTL VANIA USA
111-11-11-11-11-11-11-11-11-11-11-11-11	MOTHER'S MAIDEN NAME
Wesley JOHNSON 1	helma WALBRIDGE
N U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	
Resent 173-14-5018 RECO	RDS
[Enter only one couse per line for (o), (b), and (c),] WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
IMEDIATE CAUSE (a)	(indeed freferet 3HRS
which) (b) Critical Teles	1 HEC. A. 1 1 1 50 1 8 his
which (b) (1) Frill fills	6 120 11 cm 1 772310021) 6013

d. NAME OF HOSPITAL SAFA NAME OF (Type or print) 5. SEX 100. USUAL OCCUPATION during most of working 13. FATHER'S NAME 15. WAS DECEASED EVER II CAUSE OF DEATH PART 1 DEATH Conditions, if any gove rise to imm **DUE TO** couse (a), stating the underlying cause last (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101/19. WAS AUTOPSY PERFORMED? PULMONARY EDEMA YES 🕅 NO 🗍 20d. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Doy, Year 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while at work at work , 19 60 AUGUST . 1960 that I last saw the deceased 21. I certify that I attended the deceased from 28 and that death occurred at 1:47/AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE USAF HOSPITAL ANDREWS 29 AUGUST 1960 PHYSICIAN'S NAME (Type) EDWIN E WESTURA CAPT USAF MC USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) /1/60 Arlington National Cem. Arlington, Virginia FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Rinaldi Funeral Home, Inc. 240. RECD BY REGISTRAL 816 H St., NE, Wash, 2, D. C. DATE AUG 3 1 '60 arthur & thouse



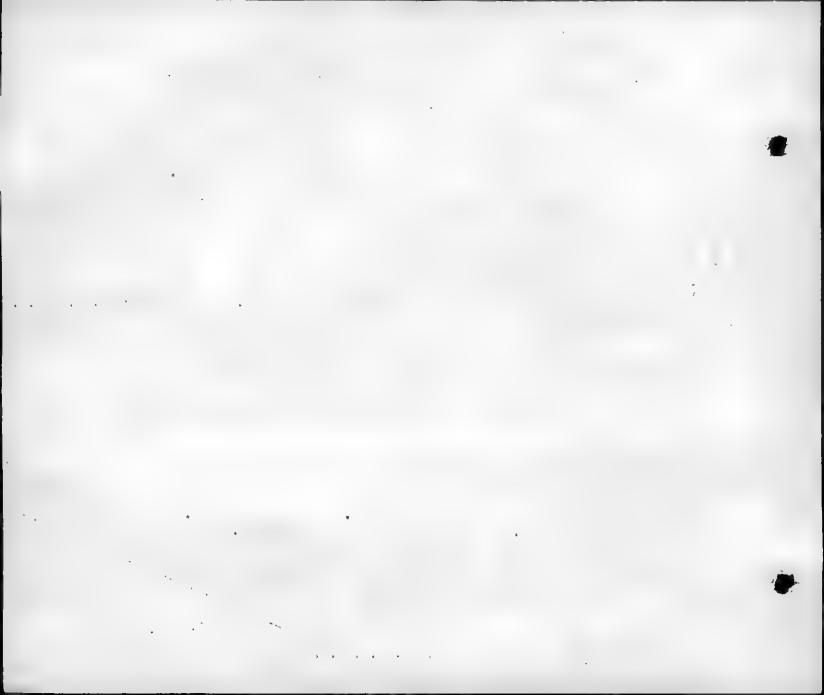
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00170

_		9470		CERTIFI	CAT	E OF DEA	TH			11.	941	11)	
1.	PLACE OF DEATH COUNTY Prince	George		MARYL	- 1	" Maryla			ined. If institution		oce befor	re admiss	ian)
	b CITY OR TOWN (RURAL and give n Chever.		its, write	c. LENGTH OF STAY II	N 16	Ritchie		utside carpor	gte limits, write RI	JRAL and	give neo	rest tawr	n)
>	OR INSTITUTION	AL (If not in hospital, George Ger		5.0		d. STREET ADDR		y Road	i				FARM?
3.	NAME OF DECEASED (Type or print)	George	rst	Middle		Johnson		4. DATE OF DEATH	Aug •	th	22		1960
S	Male_	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED		date of birth pril	18'		9. AGE (In years hirthday) yrs	Manths	Days	Haurs	Min
	None	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	_	Maryla	and		untry)	12. CIT	IZEN OF	WHAT	OUNTRY
j	George Joh					14 MOTHER'S MA Serena							
		R IN U. S ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO	Mag	gie Ivers	son-	Sis.	1226 C		eet,	N.E	. D.
CATION	Canditians, if a gave rise to i cause (a), stating lying cause last. PART II, OTI	mmediate DUE TO	b) D c}	Carrier On DEAT	leye				CONDITION GIV	EN IN PAR	27 1(a) 1	9. WAS PERFO	RMED?
CAL CERTIFICATION	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRIBE HOW INJURY OC	20e. PLAC	E OF INJURY (Hom	e, Form,	20f. (City			County)		{State
MED	Hour o.m. p.m. 21 I certify the	ot (I) (this hospito	White at ward	led the deceosed f	rom. At	ry, street, affice bld	196	00 to_	Aug. 22		O, th	at (I) (we) los
	22a SIGNATURE	Main L	K	sson AH) M	ATTENDING PHYS	ME	D ECTOR [STAFF PHYS		87	/23	SIGNED
	22c PHYSICIAN'S NAME (Type)	WILLIAM	D, R	COSSON N	10	530	BL	PAPER	ISBUR.	AD 2, 1	UA	RYU	ANI
23	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	8/26/60	OF	Carroll Ch		CREMATORY			ION (City, tawn, c		ryla	(Stat nd	le)
24	FORERAL DIRECTOR	Down	it:	30 H Street	, N.E	יי דו די	REC'D	8Y REGISTI	RAR 255, REG	STRAR'S SI	GNATUI	RE	

TO HOSPITAL DIRECTOR: After this certificate has been signed by the activities be executed within 24 haves after death. Page 4 may be recorded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitately filled them has been signed by the attending physician and campitately filled them has been director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59



the funeral director, Pages I and 2 should be filed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hairmay be recommended by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled impoge 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haury after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9549 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

								Keg. Dist.	. 140.	
1 PLACE OF D			MARYL	- 11	. USUAL RESIDENCE (W		d lived. If institution	ton.	_	ission)
	Prince Geo				Maryl				Geo.	
	TOWN (If outside corporate limited give nearest town)	its, write	c LENGTH OF STAY IN	4 1Ь	CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond giv	re nearest to	wn}
	ary Hghts		13 yrs.		Bradb	ury Hg	hts			
OR INSTI	F HOSPITAL (If not in hospital, S		oddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
	1809VSt., S	.E.			4809V	St.,	S.E.		YES	□ NO 🔽
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or pri	ot) JUDIT	H	E.		JOHNSON	OF DEATH	August	t 6th		1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ 8. I	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	DER 24 HR
Female		WIDOWE	***	_	June 2, 189	o/i	lost birthdoy)	Months D	Days Hour	s Min.
								12 (1717)	EN OF WHAT	COUNTRY
during mos	CCUPATION (Give kind of work at of working life, even if retired	done Ivo.	KIND OF BUSINESS OK	INDUSTR	_	or roreign o	ounity)			COUNTRI
	sewife				Pa.			1	USA	
13. FATHER'S N	AME				14. MOTHER'S MAIDEN I	NAME				
	Andrew Gustof				Ed.	la K.	Johnson			
15. WAS DECE	ASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jan	et M. Johnse	on 48	09	st. S.	. E.	
TIB. CAUSI	E OF DEATH [Enter only one co	ouse per lir	ne fee (a), (b), and (c),1						INTERVAL	BETWEEN
	RT I. DEATH WAS CAUSED BY:		(12h 1	. 11		3/0			ONSET AN	D DEATH
	/ IMMEDIATE CAUSE (c)	CENEBRA1	100	7775 1A3 1A				700	755
	DUE TO)	1.		1-				2	
	ons, if any which) (E)	TUENO GAR	21010	mag Ki	sney	<u>' </u>		W42	4545
	se to immediate DUETO									
fying cou		1								
Z PAI	T II. OTHER SIGNIFICANT CON		ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19, WA	S_AUTOPSY
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	DENT WAS UNDERLYING				Enter noture of injury in				163] 140 L
OR CONTR	RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	200 003	ENDE HOW INSUR! OC	LUKKLU.	Enter no site of injury in	1011101101	1 11 07 110111 12-,			
₹ 20c. TIME C	OF INJURY Month, Doy, Ye	ar 20d. It	NJURY OCCURRED 2		OF INJURY (Home form		or town)	(Co	ounty)	(Stote
20c. TIME O	o. m.	While	Not while	foctor	y, street, office bldg., etc	c.)		·	- '	
₹	p. m. 17	of wor	k of work		10 1	7				
21. I cei	rtify that I attended the			· 	, 19 <u>56</u> , ta		6 ., 196"	that I last	saw the	decease
alive an	8/4	, 19	60 and that a	leath o	courred at 11.05	_M, fram	the causes an	d an the	date state	ed abav
	7				P	ADDRESS (S	treet, city or town,	state)	D/	ATE SIGNE
ACTUAL	. They Il	000-			4400 Bow	en Rd.	SE Work	n DO	8_7_6	0
SIGNATUR	E VIZINGS I LE	- All and the second)	om mas	P DE HEBI	3-4-12V	75-1-7	
PHYSICIAN NAME (Ty		Cull	en		4400 Bowe	en Rd.	, SE Was	h. DC		
	REMATION, 22b. DATE THEREG	OF.	22c. NAME OF CEMET	FRY OP C			TION (City, town,	4 - 1 2 2	151	tote)
REMOVAL	(Specify)							• • •	,	
Buri			Cedar Hil				tland, Ma			
23. FONERAL D	IRECTOR'S SIGNATURE 16	61G	ood Hope Rd	8	E 240. REC	D BY REGIS		STRAR'S SIGN		
ozumo	rova pros	Washi	noton 20 DC	, ,	DATE A	HG 9	60 C.	thung S.	1 Chapter	



filled within 24

completely

and

physician

attending

- <u>1</u>

certificate

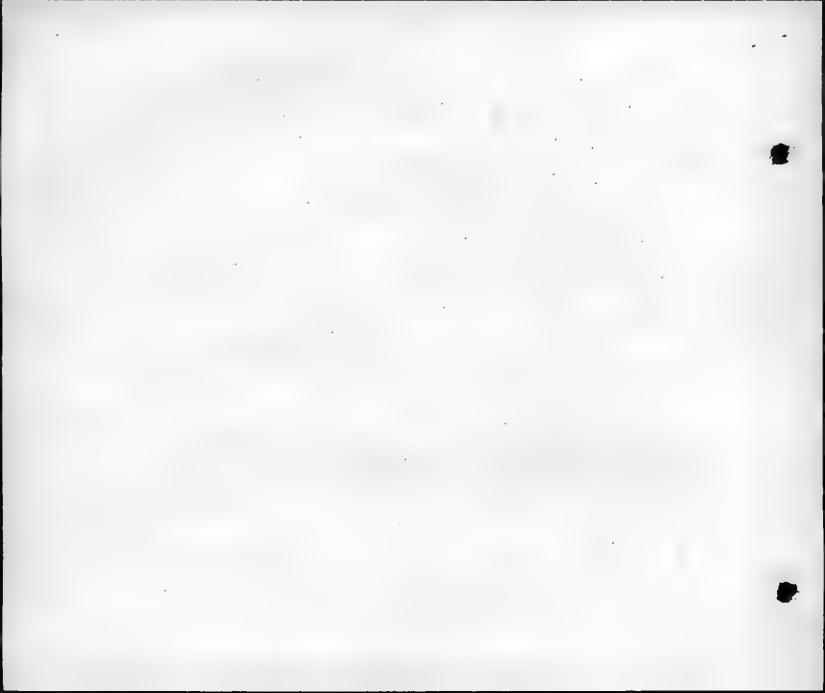
DIRECTOR

FUNERAL

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15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FilmG269 8-,5-50 et 9551CERTIFICATE OF DEATH director, illed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY filed o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? NAME OF Middle 4. DATE Day DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED lost birthdoy) Doys Months Hours WIDOWED [2 DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) carbon L3. FATHER'S NAME Unknown mave 5 WAS DECEASED EVER ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT **Address** JUSEPH ANDERSON KIN 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o WHONARU DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDIT WAS AUTOPSY PERFORMED? YES 🗍 NO 🚰 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING QUILD CAUSE DEA 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OF EITHER. 20c TIME OF INJURY Month. Doy. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) Year (County) (Stote) factory street office bldg., etc.) While at work of work SEPT 21. I certify that I attended the deceased from. Cthat I last saw the deceased A, from the causes and an the date stated above. alive an and that death accurred at_ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE pino PHYSICIAN'S 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) 23. FUSIERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 23 '60 i way S. Krassa VS A15 (4) DATE

Funeral

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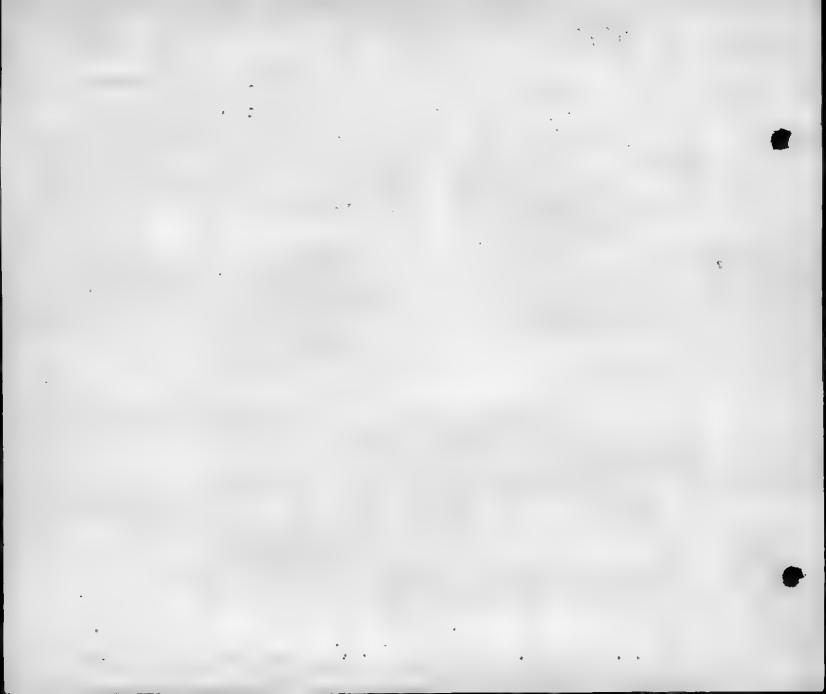
1SM 9/58

DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PRINCE Pege JEURGE S MARYLAND b CITY OR TOWN (I outside corporete lim ts. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) writa RURAL and give neerest town) ō WASHIN & STREET ADDRESS THEVERLY NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) D, O A. Boal e. IS RESIDENCE ON A FARM? retained State PHINCE GEORGE'S GEN HOSPITAL DYES NO X NAME OF Middle 4. DATE DECEASED ÷he di (Type or print) DEATH AUG 1960 with 5 SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit lend 2 wi est birthday) Months Days Hours DIVORCED TI WIDOWED , 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) LERI U.S.A File pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give HOFFMANN ENDERS SCAF HELEN form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Hyasgivewerordatesofserv.ca) VES MRS BAR BARA ARROLL TON WID 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] guo ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** Surie Conditions, if any, which (b) geve rise to immadiate cause 40 **DUE TO** (a), stating the underlying Examiner cause lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 1 of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | V Inquiry and in my opinion death resulted from: Natural causes 1 Accident Suicide Hom+cide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 8989 228. BURIAL CREMATION 225. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) Lincoln Cemetery burial Prince George, Md. 40 6 ם 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 1 2 '60 Hines Co. Washington action & Krous 5M 7/59

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09475 9552 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY **b.** COUNTY PRINCE GEORGES MARYLAND PRINCE GEORGE CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest lown) UPPER MARLBORO CAMP SPRINGS(RURAL d NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RESIDENCE d. STREET ADDRESS OR INSTITUTION SAF HOSPITAL ANDREWS ON A FARM? USAF RFD BOX 2552 YES NO NAME OF 4. DATE Middle Last Manth Day Yeor DECEASED SARAH LUVENTA DEATH (Type ar print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days 30 30 FEMALE NEGROID WIDOWED | DIVORCED [cample papers. August 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA NA MARYLAND puo carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 certificate physici enlAMIN поче hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. **INFORMAN** Address NA NONE CHART aftending please deoth within INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 25 HOURS EDEMA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ţ DUE TO þ permit. Conditions, it ony, which signed gove rise to immediate **DUE TO** cause (a), stating the underlying cause last, **burial-transit** peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 physi PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City at town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Haur a.m. While Not at wark/ at wark (9/18 19/ce, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at \$20 M. from the causes and on the date stated above. DIRECTOR DATE SIGNED ADDRESS (Street, city ar tawn, state) USAF HOSPITAL ANDREWS 10 August 60 ACTUAL SIGNATUL should BASE WASHINGTON PHYSICIAN'S PERERSON LCOL USAF MC NAME (Type) FUNER m 22a. BURIAL, CREMATION, 12b DATE 22d. LOCATION_(City, town, or county) (State) 22c. NAME OF CEMETERY OR CREMATORY page 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1 5 '60 **YS A15 (4)** 15M 9/SB

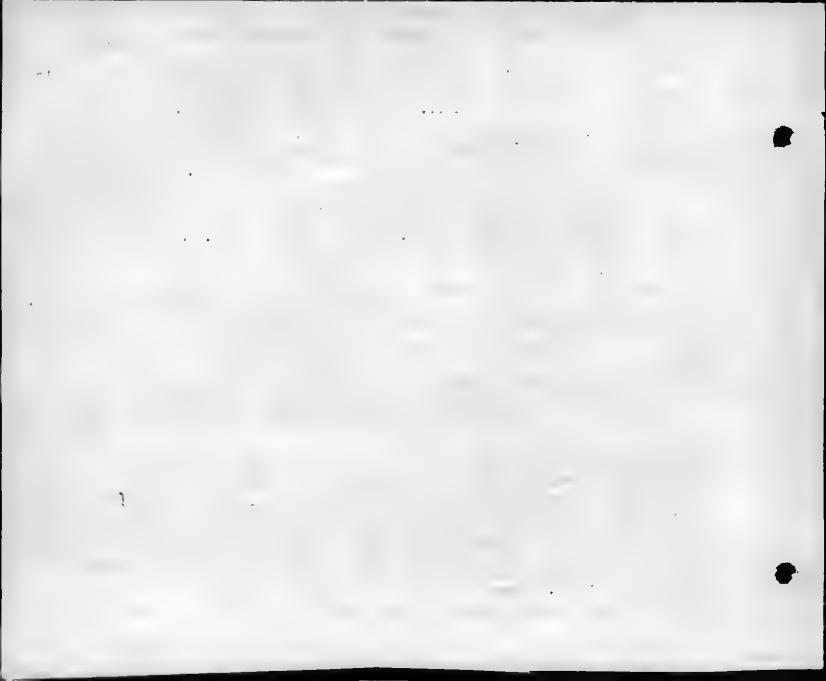


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

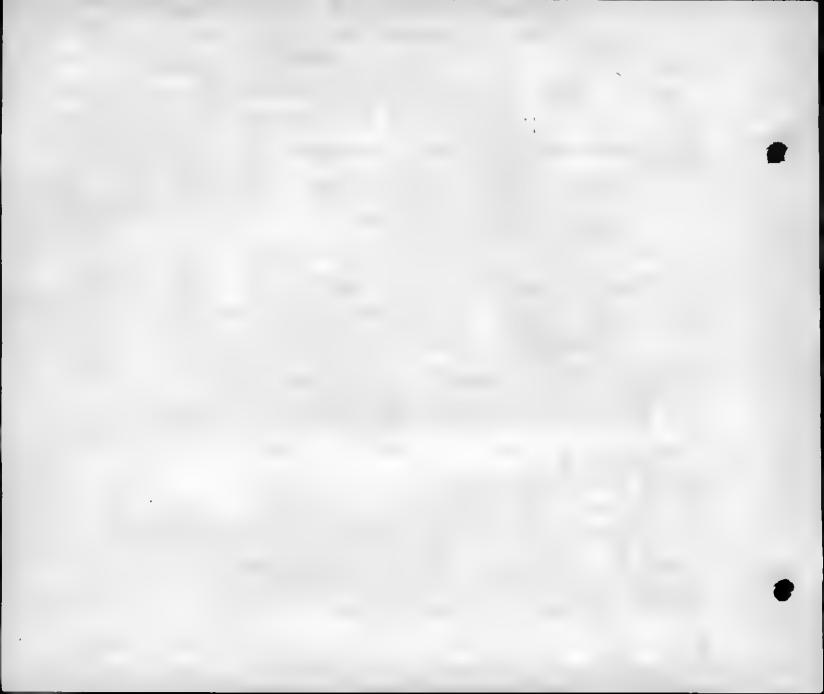


9477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Prince George's b. county Prince George's o. STATE Marvland MARYLAND b. CITY OR TOWN III autude corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Cheverly Md Cheverly Manor, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 6316 Kilmer Street YES NO IX NAME OF 4. DATE DECEASED Aug. Lescallett (Type or print) Jesse DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Aug 12, 1936 Days male white WIDOWED | DIVORCED [7] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Electronic Technician John Hopkins Research Washington D. C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Delsie Brown Jesse Lascallett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Cheverly Manor, Maryland. Delsie Lescallett 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stating the underlying: couse lost. Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 700. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury juffort 1 or Payl 11 of item 18.) Collision, Thrown through Windshie Xam shom ld Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20d. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, office bldg , etc.) While Not while of work of wor Bowie 21. I certify that I took charge af the remains described above, held an Autopsy 🗍, Inspection 12. Inquiry death resulted fram: Natural causes Accident Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER O FUNERAL EXAMINER'S William D. Rosson forwarded DEPUTY MEDICAL EXAMINER TO NAME (Type) 270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State) REMOYAL (Specify) Duria Fort Lincoln Colmar Lanor, Ld 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Wm. F. Gasch, 4739 Balto. Ave. . Hyattsville PATELIG 3 1 '60 Calling & Three

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

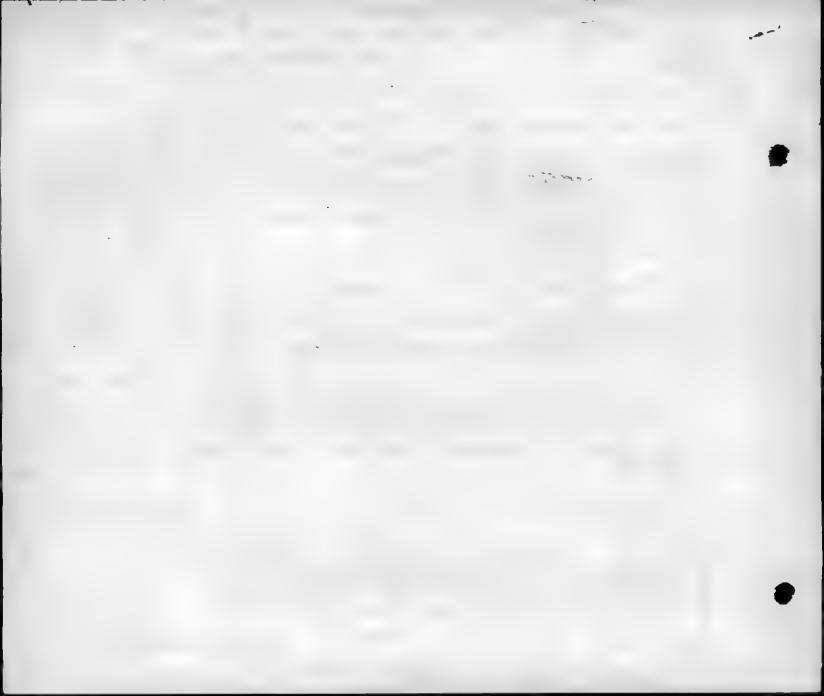


1 Xb0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 5 K	9478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19478)
shauld stand	1. PLACE OF DEATHS o. COUNTY O. STATE D. COUNTY D.
essary, Page burial	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond a withwarest form) Children DOA Ruelale
y is neco	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gifte street address) ON A FARM? YES NO
ny dela onero you gegistrar	3. NAME OF DECEASED (Type or print) STECKA MODELINE LICWAL SHATH QUE 3/ 1960
th. If a the far the f	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1 = 5 - 36 WIDOWED DIVORCED DIVORCED NOVEL 121 1/11 19902 9. AGE (In year) IF UNDER 14 PAR. IF UNDER 24 HRS. Months Days Hours Min.
fifter demand 2 wind 3	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or total or total or country)
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hin 28 ho	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT LOUIS THE WALD STORM TO THE SOCIAL SECURITY NO LOUIS THE WALD STORM TO THE SOCIAL SECURITY NO LOUIS THE WALD STORMS.
nte≣ wife 18. G im PM3.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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ding" is	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERITTEMED? YES NOT
d 'pen ominer' od be u	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
the war	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work of work of work 19
writing writing nief Mec	21. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined cause
MEDICAL Hifficole, v To the Ch DIRECTO	ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
VERAL moval	EXAMINER'S DAYTON O WATICIALS DEPUTY MEDICAL EXAMINER 5 8-31-60
cute II forward TO FUN	22a. BURIAL CREMATION. 22b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Yes 22d Location (City, town, or county) Yes 22d Location (City, town, or county) Yes Yes 22d Location (City, town, or county) Yes Yes
VS. A1SME(S) <	23. EUNÉEAL DIRECTOR'S SIGNATURE ADDRESS LICAT DATE SEP 6 360 Cuttur 2. Known



MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR JOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate-limits, write RURAL and give nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not, In/hospital, give street pedress) e. IS RESIDENCE 6. STREET ADDRESS ON A FARM? YES NO'S NAME OF Middle, OWERV DATE Eary Month Day Year DECEASED (Type or print) DEATH 1960 ACTUARDOS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (Ip years IF UNDER TYPAR IF LINDER 24 HRS. Months Days Hours Min. WIDOWED IN DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? þ DERKUR es 1 c 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Poges age 5 n Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File (If yes, give war or dates of service) Give 18. Gi m P.M3. Ė 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hem olong with far burial-tronsit **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. pending in PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 00 19. WAS AUTOPSY PERFORMED? used YES 🗍 NO Fd to the Chief Medical Exominer's DIRECTOR: Page 3 should be use 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED_(Enter nature of injury in Part I or Part II of item 18.) word 20c. TIME OF INJURY 20d. JNJURY OCCURRED., 20e. PLACE OF INJURY (Hame, form, 20f. (City of town) Month, Day, Year (County) (State) factory, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry , and find that Chief Accident X. death resulted fram: Natural causes | 1, Suicide . Hamicide , Undetermined cause X DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER 1 NAME (Type) forwc cute 22a. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lawn, or county) REMOVAL (Specify) 0 Burial Rose Hill Cemetery Cumberland. Maryland **ADDRESS** 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE AUG 2 9 VS. A 15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HEALTH/MEPA PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution; Residence before edmission) e. COUNTY ay is necessary, al director. Page **b.** COUNTY Prince Files. George's MARYLAND Prince George's b CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (flouisida corporata limits, write RURAL end giva naerest town) write RURAL end give neerest fown] KKK Riverdale Dead on arrival Laurel d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE Boar ON A FARM? Leland Memorial Hospital Main Street YES NOW death. 3. NAME OF Middla DATE Yaar DECEASED and 3 to the OF with the Robert Irving 5 may be rend 2 with the (Typa or print) DEATH MacCord August 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers HE UNDER 1 YEAR) IF UNDER 24 HRS. last bighdey) Months Hours Male 46 yrs. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed wurm. in pencil in Item 18, Give Pages 1, 2 ...t. form PM3, Page Ë dona during most of working life, avan if retired) Cook Restaurant District of Columbia pages FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Irving Mac Cord Helen Capron 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, go, or unkown) (Ifyesgivewarordalesofservice) Bradbury Heights, Office along with Robert MacCord 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage and shock and IMMEDIATE CAUSE (e) DUE TO Fracture of the base of the skull and sternum Conditions, if eny, which (b) gave rise to immadiate cause 40 DUE TO (a), stelling the underlying SE ᡖ cause last. cremation, PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING Fell from a porch roof CAUSE OF DEATH. CAL 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While el work et work Yard of hotel 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection ... Inquiry and in my opinion death resulted from. Natural causes Accident T Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/14/60 DEPUTY MEDICAL EXAMINER EXAMINER' NAME (Typy) Boyd Address (Streat, city, town, or county) James DEP 226. DATE THEREOF NAME OF CEMETERY OF CREMATORY 22a, BURIAL, CREMATION 22d. LOCATION (Clty's town, or country) REMOVAL (Specify) Correling 40 6 Burga 24M REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE YS. ATSME 5M 7/59 DATUG 1 7 '60 arthur & Kenna

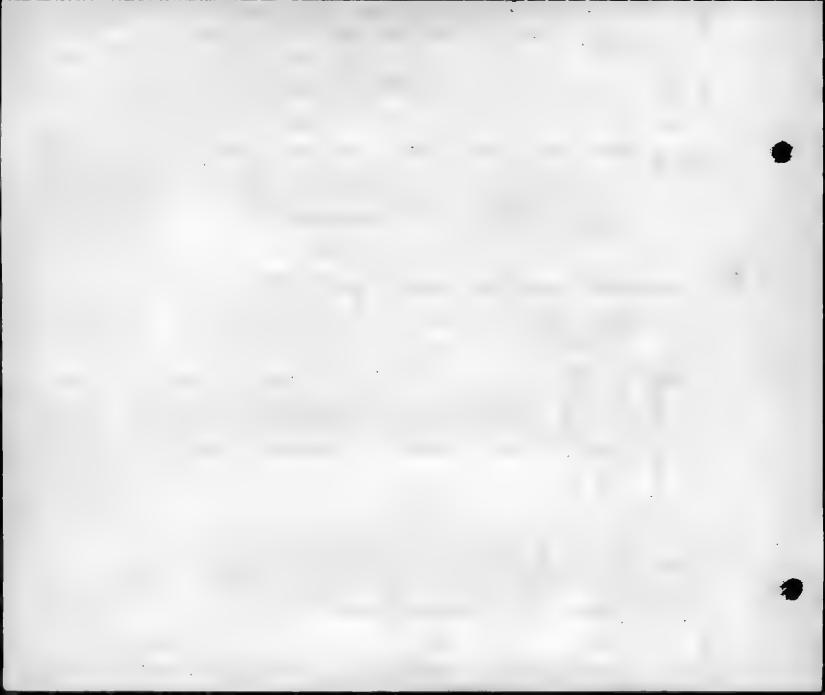
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09481 CERTIFICATE OF DEATH director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a. STATE filed **b.** COUNTY MARYLAND Prince Georges Mary land Prince Georges funeral CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If ausside carparate limits, write þe c. LENGTH OF STAY IN 16 RURAL and give nearest town) plos Hrs <u> Havattsville</u> Cheverly d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 5619 30 th Prince Georges General NAME OF First Middle Last 4. DATE Manth Doy Year DECEASED filled 24 Pages (Type or print) DEATH 19 60 Malay Samue AUG IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED [papers. Male death certificate be executed 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 PE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? UFS during most of working life, even if retired) puo 14._MOTHER'S MAIDEN NAME 13. FATHER'S NAME phys ciam Ξ 'emove WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address yes, give war or dates of service) attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ic). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE [a] **DUE TO** á Canditions, if any, which permit buriol-transit permi gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? YES NO attending 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate 20a. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work After Act aug 22196 2 acks 22, 19 (a, that (1) (wet-last 21 | certify that (1) (this haspital) attended the deceased fram.__ detached and that death accurred at 8:25 comments and an the date stated above saw the deceased alive on, FUNERAL DIRECTOR: 220 S GNATURE ATTENDING PHYS MD Ded 22c PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) page 3 the Stati NAME OF CEMETERY OR CREMATORY LOCATION (City town or county) (State) BURIAL CREMATION. REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 250 REC'D BY DATEAUG



 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09482 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrosed lived. If Institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) gryf nearest jawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX NAME OF Middle 4. DATE First Lost Month Year DEATH (Type or print) 19 6. COLOR OR BACE 7. MARRIED DE NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR I IF UNDER 24 HRS. Hours Months Days Min. WIDOWED [7] DIVORCED [7] yrs. refoi 2 wi 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if refired) e o masso 13. FATHER'S MAME/ 14, MOTHER'S MAIDEN NAME Pages Poge 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)
) (If-yes, give four or darks of service) 16. SOCIAL SECURITY NO. 17. INFORMANI Address Give 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) os a burial-transit DUE TO Conditions, if ony, which gove size to immediate couse **DUE TO** (o), stoting the underlying COUSE LOSS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NOK YES 🗍 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part L or Port II of Item 18.) to the Chief Medical Exam DIRECTOR: Page 3 shauld ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factery, street, office bldg., etc.) WEDI Hour Ba. m. Not while of work 21. I certify that I took charge of the remains described above, held an Aptopsy Inspection Inquiry M. and find that Suicide , deoth resulted from: Natural causes ... Accident / Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER 🗍 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or couply) (Stole) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATUZE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE UG 2 6 '60 5M 9/55



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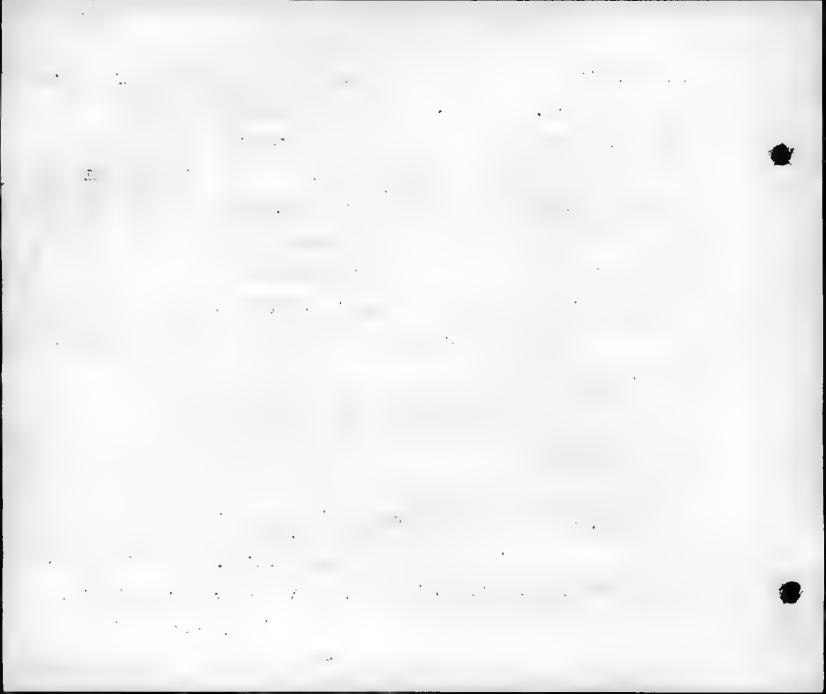
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1	MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMORE, 18
	9554 CERTII	FICATE OF DEATH Reg. Dist. No. 484
Page 4	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fu	CAMP SPRINGS (RURAL) 2 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
nd 2	USAF HOSP ANDREWS	MOQ 1-66-2 COLUMBUS CIRCLE YES □ NO X
hin 24 by y filled y ages 1 a	3. NAME OF DECEASED (Type or print) WILLIAM S	MILLER JR 4. DATE Month Day Yeor AUGUST 5 19 60
d with	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVO	lost pirinday) Months Days Hours Min
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ian and corban after de	NONE NA	MARYLAND USAF
70 0 44 4	WILLIAM S MILLER SQ	ANNELLE NORTH
eath certificate ending physicia lease remove co ithin 77 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service)	HOSPITAL RECORDS
aw requires that the deal station. Station. been signed by the attenct transit permit. Then plea it, and in any event within	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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PHYSICIA, all or attenthis certific r use as the emation, a		Oe PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
OR ATTENDING AL DIRECTOR: After should be detached fa strar prior to buriol, cr	alive on 5 AUGUST , 1960 , and that	death accurred at 1110AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ADDRESS (Street, City or town, state) ADDRESS (Street, City or town, state) AUGUST 1960
TOSP TOY be FUNE Oge 3	PHYSICIAN'S JOHN A MOORE CAPT USAF MC PROPAGE TYPE PHYSICIAN'S JOHN A MOORE CAPT USAF MC PROPAGE TYPE PROPAGE	USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC ERY OR CREMATORY 22d. LOCATION (City, 109 n., or county) (Stote)
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	23. FUNERAL DIRECTOR'S SIGNATURE (APPRESS SMALL TUNERAL HOUSE	16-4 ST PAGE 9 '60 Cuthun 8. Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

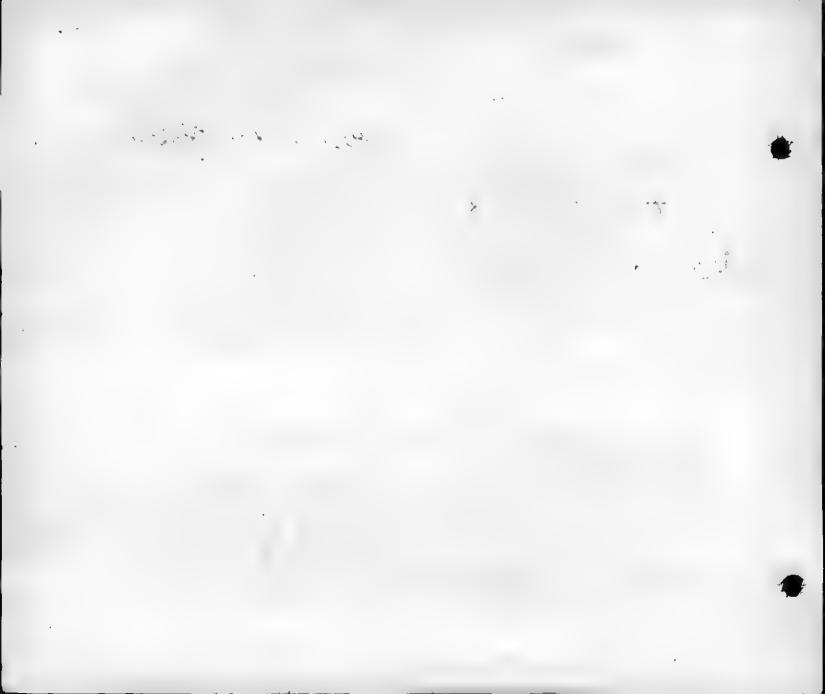
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9518 poffer death. Page 4 the funeral director, and 2 should be filed with TO HOSPIT RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamony be referred by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 at the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. 15 (Y MEDICAL CERTIFICATION 24

PLACE OF DEATH a COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY
b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Riverdale alders Hyattsville
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES NOTE:
instance of the stance of the
NAME OF DECEASED (Type or print) Nettie Middle Moxley Death August 29 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7. Months Days Haurs Min 1. Te WIDOWED DIVORCED 5-14-85 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min 1. Te WIDOWED DIVORCED 5-14-85 1. MARRIED DIVORCED 5-14-85 1. MARRIED DIVORCED
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Housewise Own Home Virginia 7.5, A
FATHER'S NAME
John Johnbus Kowe Unk.
WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT
No Planner (If yes, give wor or dates of service) 220-12-2686 Respital Record
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CELEBRALE & MEETILE OF THE
DUE TO GO A A CONTENT 20/10 / Undetermine
Conditions, if any, which) (b) Sile Ville
gave rise to immediate course (a), stating the under DUE TO
lying couse last. (c) At felt the test of the
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Additional 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State) Hour a m, While Not while
p. m 19 at wark at at wark at at wark at at wark at a second at a
21 certify that (1) (this hospital) attended the deceased from all the control of the control
saw the deceased alive an will 476 1960, and that death accurred at 47M, from the causes and an the date stated above.
22a. SIGNATURE 22b DATE
M.D. ATTENDING MED DIRECTOR D PHYS D 8-24,66
22c PHYS.CIAN'S NAME (Type) L'M' Pela lity NID 22d ADDRESS 15 MC rela le, DIRIL
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 9/1/60 Epheais Foneswood, Va.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Maryland DATE SEP 1 '60 Cuther & Kinna

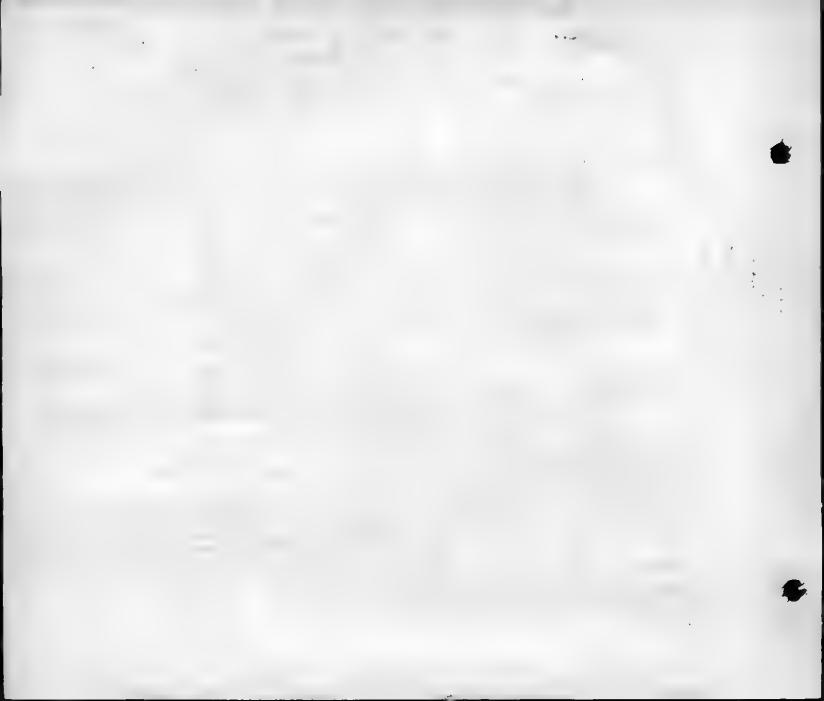
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CERTIFICATE OF DEATH 9429 Reg. Dist. No. director ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. SPUNTY be filed MARYLAND BNCE (-EURGE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) EVE TAGE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE BINCE ADEUS YES NO DE NAME OF 4. DATE Middle Last Year DECEASED OF DEATH (Type or print) 1960 C 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 1869 Dovs Hours AUCASIA WIDOWED D DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIFE RETIRED U.S.A. corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN SCHNEIDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT GIOS QU denschapel NONE ATTSVILLE, MARYLAN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

" | IMMEDIATE CAUSE (a) SUB ARACHWOID **DUE TO** tout ENSIVE Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-SCLEROSIS lying couse lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) Q S 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while at work of work 21. I certify that I attended the deceased from Chick 19 Q that I last saw the deceased and that death occurred at 3 M, from the causes and on the date stated above. 382 ACTUAL SIGNATURE shauld ã ന 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (State). GLENWOOD CEMETERY WASHINGTON 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE IVERDAL AUG 3 0 '60 Cirthur S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist, No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Sesidence before admission) o. COUNTY O. STATE .b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest/town) and give negresi lown weak d. NAME OF HOSPITAL OR INSTITUTION (If par in hospital, give street address) d. STREET ADDRESS ON A FARM? -YES NO E NAME OF 4. DATE First Middle Month Day Last Year DECEASED DEATH 1960 (Type or print) Rara 9. AGE (In years INUNDER TYPAR 6. COLOR OR KACE 7. MARRIED [] NEVER MARRIED [] & DATE OF BIRTH IF UNDER 24 HRS. Months WIDOWED R DIVORCED I yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10 Ild zurelies gud ۾ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME × 20 sagod Pages oge WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address (if yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY õ PERFORMED? nseq YES | NO []] 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) should 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) to the Chief Medical DIRECTOR: Page 3 st While Nat while a.m. at work ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry . and find that death resulted from: Natural causes 17 Accident Suicide . Hamicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER [1] NAME (Type) forw cute 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d LOCATION (City, town, or county [Stote] REMOVAL (Specify) 0 2-60 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AUG Onthur & Kines 5M 9/55



9436

's after death. Page 4

Then please remove carbon papers. Pages 1 and 2 shauld

Arthrit 22 havrs after death

may be the haspital ar attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled.

page 3 should be detached for use as the burial-transit permit. Then please remo the State Board of Health prior to burial, cremation, or remaval, and in any event,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT

VR A15 (4) 15M 9/59

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Caller & thous

1.	Prince	George	MARYLAI		a. STATE	gini		b. COUNT		e before admission)	V
		If outside corporate limits, wr	c. LENGTH OF STAY IN	ТЬ				ate limits, write	RURAL and gir	ve nearest town)	
L	Hyattsv:		approx. m	0.	Falls	_Chu	rch		}	X.	
	OR INSTITUTION	TAL (If not in hospital, give st	reet oddress}		d. STREET A	DDRESS				e, IS RESIDENC	E A2
	Carroll	Manor			902	Linc	oln A	ve.		YES 🔀 NO	
3.	NAME OF DECEASED (Type or print)	Regina Mye	Middle		Los		4. DATE OF DEATH	Augus	onth t	Day Yeor 14 196	C
5.	ŞEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	В.	DATE OF BIRTH	1		9. AGE (In years lost birthday)		YEAR IF UNDER 24 F	
L	female	serile il de se	OWED A DIVORCED		2-10-	178		lost birthday) 82 yrs		Days Hours Mi	in.
10	during most of wor	ON (Give kind of work done long life, even if refired)	10b. KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL	ACE (State o	r foreign co	untry)	12 CITIZE	EN OF WHAT COUNT	ľR
	Housewi				St.B	onif	ace. F	enn.	II.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S						_
	Anthony	Anstead			Cath	erin	e Noe	1			
	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yet, give wor or dates of service)	16. SOCIAL SECURITY NO.		PRMANT			2ª	922 L	aSalle Re	â
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	Sr	. M.Fr	anci	3Patr	icia H	vatts	ville. No	d
	1B. CAUSE OF DE	ATH [Enter only one cause p	er line for (o), (b), and (c).]							INTERVAL BETWEE	N
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARBINOMETO	212						ONSET AND DEAT	Н
	175%	DUE TO	-ALCOHOLOGICA STATE	24.7						-	ī
	Conditions, if a	3	ALCINOMA	A Dec	In man					1938	
	gove rise to i	mmediate (AREINOMA		A RE W					1730	
	lying cause last	rne under-								i.	
z		HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	RLIT NA	OT PELATED TO	THETEPAIN	IAI PUCEACE	CONDITION O	WENT IN PART	I/mi 10 WAS AUTO	
CATIO	1201	TEN STORY TOWN TO THE	NO CONTINUE TO DESTIT	20114	OI NEERIED TO	THE LEMM	INC DISENSE	S SONDINOIN O	A PLA NA CURI	PERFORMED' YES NO	?
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCC	JRRED.	(Enter nature o	f injury in Po	ort 1 or Part	II of item 18.)			
3	20c TIME OF INJUI	RY Month, Doy, Year 20	d. INJURY OCCURRED 20	PLAC	E OF INJURY II	lome, farm,	20f. (City	or fown)	(Co	ounty) (St	of
MED	Hour g.m.		hile Not while work at work	factor	ry, street, office	bldg., etc.) -		·	-		
_				1.	7614	- 1	<u> </u>	VA.	20/11	0 .1 . (1)	_
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	saw the decea	sed alive on 1966	3 19 40 and th	of dec	ath occurred	ot	M, from	the causes o	nd on the	date stated abo	
	1)7/m	w Great	e, 9,	I,M	ATTENDING		D. ECTOR	STAFF PHYS	pie	Care le O	
	ME PHYSICIAN'S	11/11			22d ADDRE	ss				, 0	-
	W- Hou	VARY YEAR	ER. JR M	<u> </u>	1800	Cor	UN	JUE N.	W. U	A5 4 9, D	Æ
23	BURIAL, CREMAT (REMOVAL (Specify	DN, 236 DATE THEREOF	23c NAME OF CEMETE	RY OR C	CREMATORY		23d. LOCAT	ION (City town,	or county)	(Stole)	
	Burial	Aug. 17th. 19	60 Northside	Cath	olic		Pitts	burgh.	Penna.		
24.	EUNERAL DIRECTOR	SIGNATURE /	ADDRESS	7) 21-	_	250. REC'D	BY REGISTI		ISTRAR'S SIGN		
Y	Occur I	Mushku	3524 Columbia	LIK	е	DATE AND	0.4.7.18	0	11 . 0	4	

Arlington, Va.



*DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09489OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND EOR CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) CHEVERIY NAME OF HOSPITAL (If Not in hospital, give street address) d. STREET ADDRESS 5 Nicholson Middle NAME OF 4. DATE DECEASED OF DEATH (Type or print) Pages 9 AGE (years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths DIVORCED D camplel afte WIDOWED [7] haurs aft 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if/retired) ustos ark and 3. FATHER'S NAME physician 202 Ξ. mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO IZ-INFORMANI g. ilea attendi CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) **DUE TO** RuhBosiso gove rise to immediate DUE TO couse (o), stoting the underlying couse lost, urial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Not while p. m. at work at work 19.60, that (1) (we) last saw the deceased alive an INECTOR: 22a. SIGNATURE ATTENDING PHYS M.D. 22 CHYSH IAN 22d. ADDRESS NAME (Type) FUNER (°) DATE 230. BURIAL, CREMATION, REMOVAL (Specify) 22m

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? No 🖂

(State)

22b DATE SIGNED

256 REGISTRAR'S SIGNATURE C. Thur S. Throng

25a. REC'D BY REGISTRAR

0 VR A15 (4) 15M 9759

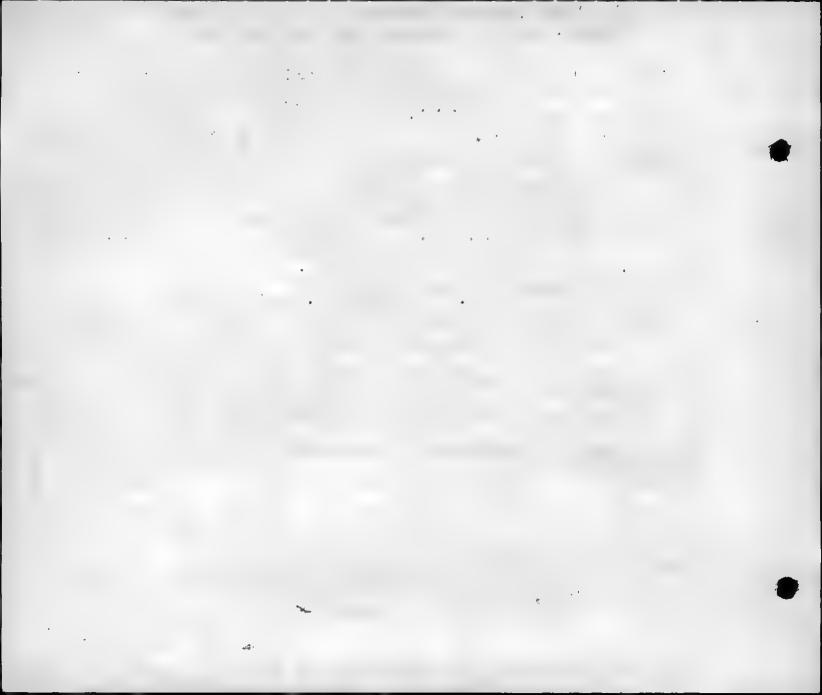


9484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 949() Reg. Dist. No.

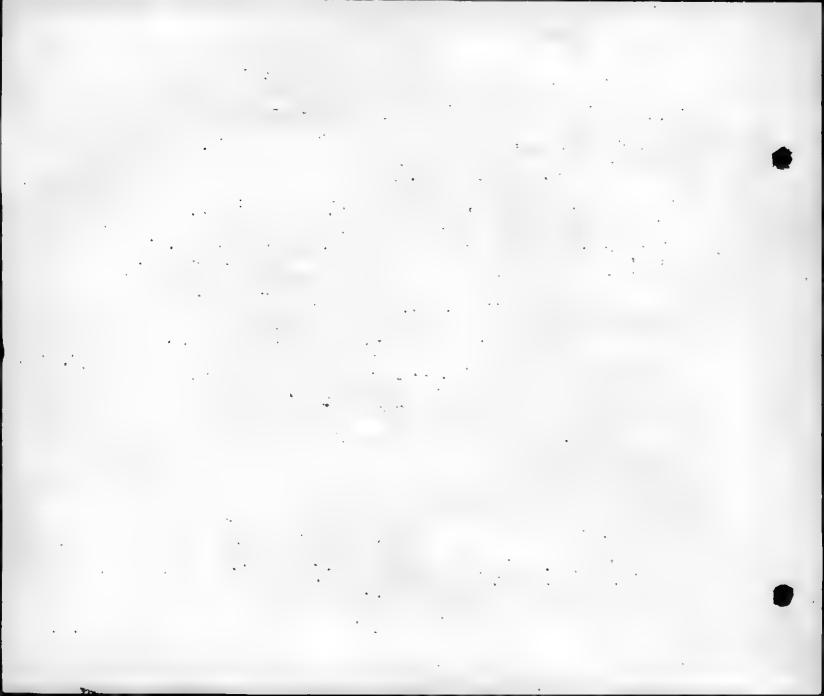
I. PLACE OF DEATH OF COUNTY GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTYPrince George		
b. CITY OR TOWN (If outside corporate limits, write RURAL Cheverly D.D.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hosp.	d. STREET ADDRESS 4515 Buchanan Street 6. IS RES DENCE ON A FARM? YES \ NO 私		
3. NAME OF DECEASED Elmer First Albaugh Middle	Norris Lost Aug Manih 28 Day Year 60		
WIDOWED DIVORCED	28 Mar 1888 9. AGE (In years IF UNDER 19EAR IF UNDER 24 HRS 72 birthday) yrs. Months Days Hours Min.		
100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME Henry J. Norris 14. MOTHER'S MAIDEN NAME Mary M. Albaugh			
	ttilie L. Norris (Wife) Same as # 2		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. DUE TO Course last.	Thrombosia Divier and Death Cardiovasular 2, disease		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES 10. 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) CAUSE OF DEATH.			
	Enter nature of injury in Part I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a, m, p. m. 19 While of work at work at work	CE OF INURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)		
21. I certify that I took charge of the remains described abode ath resulted from: Natural causes Accident . Sui			
ACTUAL William D. Resson, Mit	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		
EXAMINER'S William D, Rosson	DEPUTY MEDICAL EXAMINER		
220. BURIAL CREMATION, BEMOYAL (Specify) 8/31/60 Ft. Lincoln	CREMATORY 22d LOCATION (City, town, or county) (State) Colmar Manor Md.		
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryla	and DATE AUG 3 1 '60 Circlus & France		

VS. A15ME(S) 5M 9/S5



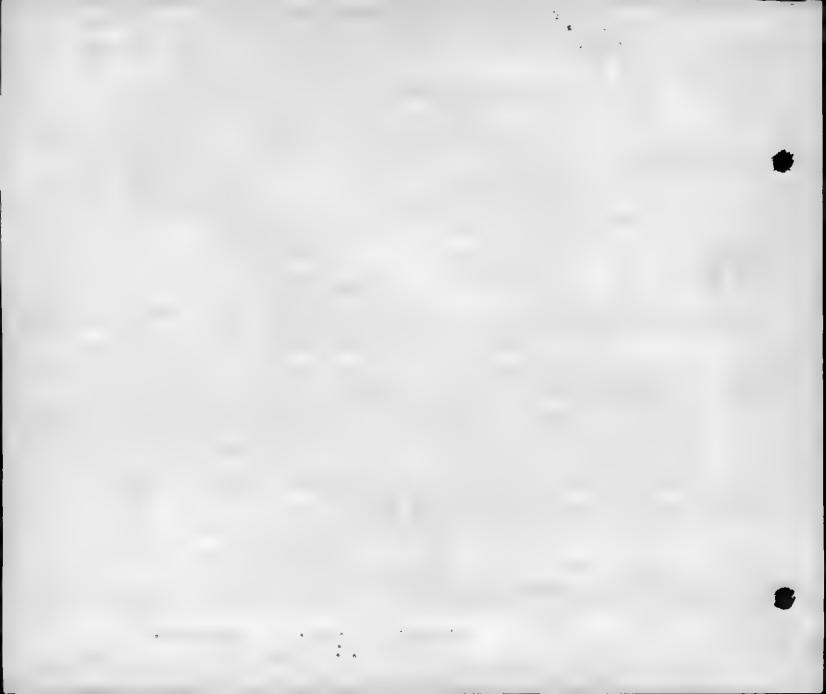
9507**CERTIFICATE OF DEATH** director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Prince Georges Maryland MARYLAND Funerol CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neafest town) should Colmar Manor d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 3509 43rd. Avenue YES 🔲 NO 🌣 Middle 4. DATE Year DECEASED OF DEATH Fille (Type or print) 19 6. COLOR OR BACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months DIYORCED | WIDOWED 3 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS, OR INDUSTRY adjuring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? gud Harmosa mus physicion 8 Ť maye IS. WAY DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. INFORMANT thending 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while ot work at work 190 Shat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 6 MIN, from the causes and on the date stated above. ADDRESS (Street, city or, PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) 8/30/60 Rome N.Y. 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) F. Gasch's Sons Hyattsville, nMd. DATE SEP '60 15M 9/58 Carling 9 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division-pf_STATISTICAL RESEARCH AND RECORDS, 301 W. PREST STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) HEALTH DEPT I. PLACE OF DEATH . COUNTY Page ealth, b. COUNTY files. 262.54 MARYLAND b. CITY OR TOWN (if outside corporele limits. c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tows) c. LENGTH OF STAY IN 16 uneral director. write RURAL and give nearest town) acrin d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS ò a. IS RESIDENCE 80 ON A FARM? retained he State E 1621 YES NO -3. NAME OF M.ddlai 1ast DATE Month DECEASED Phe (Type or print) DEATH 19 with 5, SEX COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO 2 with NEVER MARRIED l and 2 wil (est buthdey) | Months | Days Hours DIVORCED USUAL OCCUPATION (G ve kind of work KIND OF BUSINESS OR INDUSTRY, 11. B RTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratired) PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SCIAL SECURITY NO. INFORMANT Address (Yes, Ao, or unkown) | (Ifyas give wer or dates of service) MEDICAL EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: buriel-frans IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if eny, which gave rise to immediate cause Medical Examiner's should be used as a DUE TO (a), steting the underlying ᆼ causa last. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 0. 19, WAS AUTOPSY CERTIFICATION ERFORMED? writing the word 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, ; 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While OR: Pa at work al work prior execute the certificate, Inquiry P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | U and in my opinion should be forwarded FUNERAL DIRECT agent, Natural causes 1/ death_resulted from: Suicide Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATION DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 225 DATE THEREOF **6856** OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) O REMOVAL (Specify) 0 g 4 0 ₽ Burial Arlington Va.
By REGISTRAR | 246, REGISTRAR'S SIGNATURE Arlington Nat'la Cema 9th St. 24s. REC'D BY REGISTRAR VS. A15ME Washington, DATE AUG 1 2 '60 arthur S. Frank 5M 7/59

AND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND 119492 CERTIFICATE OF DEATH 94 Q R director I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE We Va. b. COUNTY a. COUNTY Prince George's MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 RURAL and give nearest town)
Cheverly Md. Spencer City ъ lamo. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 147 Main St. Prince George's General YES NO NAME OF Middle 4. DATE Month DECEASED 60 2ella Parks August (Type or print) Oscar DEATH 19 7. MARRIED NEVER MARRIED S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (pstopirthdoy) Months. Hours Male White WIDOWED | DIVORCED [10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Ed An pap 12. CITIZEN OF WHAT COUNTRY? West Virginia Hope Nat. Gas. Cd puo U.S.A. carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Daniel Parks Sarah Jane Cline remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address ding Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] atten INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO MYOCARDIAL INFARETION Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stating the under-10 SCLEROTIC lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO TO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate MEDICAL 20c TIME OF INJURY Month 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stole) (County) Hour o.m. foctory, street, office bldg., etc.) While Not while of work of work After 21 I certify that (I) (this hospital) attended the deceased from 1960 to \$ - 15 1960 that (1) (we) last 19 60 and that death accurred 10 1 1 0 Mpfettim the causes and an the date stated above saw the deceased alive an. DIRECTOR 22a SIGNATURA 22b DATE ATTENDING PHYS 5 GNED M.D. DIRECTOR 22c PHYSICIAN'S shauld 22d ADDRESS NAME (Type) Dr. Kerr. M.D. TO FUNERAL 9812 19th Ave. College BUR AL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Sunset Memorial Clarksburg. **ADDRESS** 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 300 Ath D.M. Chilms L. Kroue DATE 1 8 '60



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY is necessary, al director, Page Prince Georges b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neares) town) wrste RURAL and give neerest lown)
Cheverly or your Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? George Gen. Hospital Hughes be retained YES T 3. NAME OF Middla 4. DATE Month DECEASED und be executed within 24 hours after death. If in pencil in them 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reix virial-transit permit. File pages 1 and 2 with the Sovel, and in any eventy-within 72 hours after de OF (Type or print) DEATH Louis FredrickPAUL 1960 9. AGE (In your IF UNDER I YEAR) 6. COLOR OR RACE 5. 5EX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Student Maryland U.S.A School Office along with form PM3. B. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis Fredrick Paul Nellie E. Gasser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown), (Ifyes give wer or dates of service) Mrs Nellie Gasser Paul same No None 18. CAUSE OF DEATH [Enter only one cause pos line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be Xddx removal, DUE TO Conditions, if any, which geve rise to immediate cause "pending" Ф **DUE TO** (a), stating the underlying Examiner SE 20 cause fast. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word Medical NO plnous 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to builal. Car overturned on roadway CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Stata) (actory, street, office bldg., etc.) Not While et work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry and in my opinion Natural causes death resulted from. Accident Suici**đ**e Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINER'S NAME (Typa) James Boyd Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF DE please 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, lown, or country) REMOVAL (Specify) 40 6 Burial Aug. 22. 1960 Oak Lawn Colgate, Md 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Ullrich Funeral Home Dundalk, Md. Cilling S. Kruns 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



M.D

Ft. Lincoln

Hyattsville, Maryland

ADDRESS

09495 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) Prince Georges c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES T NO TY Day Yeor 19 60 FUNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES IZL-NO (State) (County) 19.60 that (I) (we) lost S.GNED ATTENDING PHYS. MED DIRECTOR 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORS 23d LOCATION (City, lown, or county) (State)

Colmar Manor.

25a REC'D BY REGISTRAR

25h. REGISTRAR'S SIGNATURE

Chilling S. House

PHYSICIAN: The law requires that the death certificate be executed DIRECTOR: 2 15M 9/59

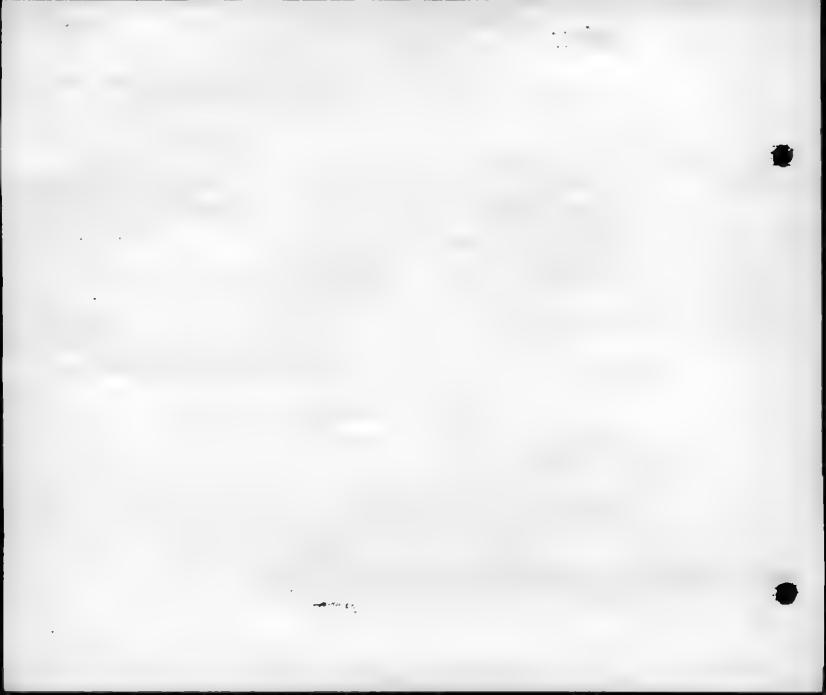
22c PHYSICIAN'S

Buffal (Specify)

23g BURIAL, CREMATION 236 DATE THEREOF

24, FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1 PLACE OF DEATH , O. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
TRINCE OCOKIGES	MARYLAND PRINCE COECRGE
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ChEVERIY 4 days	HYAHAVILLE
d, NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
PRINCE GEORGES GENERAL HOSPIT	12 5807 44 Th AVE, YES NO 12
3 NAME OF DECEASED Middle	Last 4 DATE Month Day Year
(Type or print) Sych N HERMA	N PIEKENS DEATH AUGUST 28 1960
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
Male White WIDOWED DIVORCED	lost birthdoy) Months Days Hours Min
11111	
180 USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	and an a
Superiuser Creameric	Illinois V.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Pickens	Sarah adams
	INFORMANT Address Ha
(Yes. No, or unknown) (If yes. give wer or dates of service) Yes.	mins Marion Fickens SAMEAS #2
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (0)	chang (decoulses.
Q A T Y DUE TO	c (0 11 - 1 1)
Conditions, if only, which) (b)	Cerri Tim F Roser
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c) Leicelet	2 Cleek Coto
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING ☐ 200 DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part 1 or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
Hour o m While Not while	foctory, street, office bldg , etc)
p. m of work of work	
21 1 certify that (I) (this haspital) attended the deceased from	19 (1. to 8 2 8 , 190 C, that (1) (ye) last
	death accurred atM, from the causes and an the date stated above
220 S GNATURE	22b DATE
((() () () ()	M.D PHYS DIRECTOR PHYS SIGNED
22c PHYSICIAN'S	22d ADDRESS
NAME (Type) (1) Octo m	43/3 Hallit Is N H. A. D.
1 7 7	To your was pressed in
230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town, or county) (Stote)
Burlay 2-36-1910 your drive	olor Correly Badens (ming 4)14
24 FUNERAL DIRECTOR'S SIGNATURE () ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
W. W. Chambers 60 Viverdal, 4	MATE AND 20150

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled why the funeral director, page 3 should be detached far use as the bunol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any prefit, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

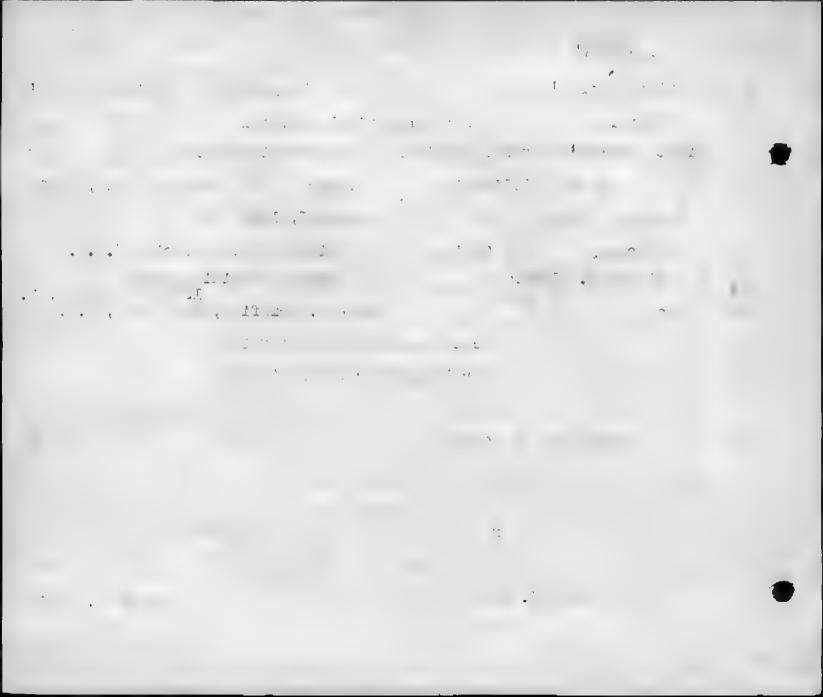
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TO HOSP VR A15 (4) ISM 9/59

BALTIMORE 1. MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) a. COUNTY al director. Page a. STATE b. COUNTY Prince George 8
b. Citt of Yown (it outside Exporate limits, MARYLAND c. CITY OR TOWN II outs de corporate limits, write kurat and give nearestiewed to c. LENGTH OF STAY IN 16 write RURAL and give pearest town) Cheverly Dead on arrival Clinton e. IS RESIDENCE ON A FARM? YES NO Prince Hospital Daingerfield DATE DECEASED in pencil in from 18. Give Pages 1, 2, and 3 to the Misce along with form PM3. Page 5 may be retained-transit per mil. File Reges 1 and 2 with the S (Type or print) DEATH August 2 19 60 IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED F 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) 13. FATTER TELEPY trict of Columbia Sallie Virginia Turner Milton W. Plager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT pergal. File 1206 Ingraham N. (Yas, no. or unkown). (If yas give were referenced) Office along with buriel-transit perpen Alice E. Griffith, Washington, D.C. 18. CAUSE OF DEATH (Enlar only one cause par lina for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acuie congestive heart failure DUE TO Cardiovascular renal disease Conditions, if eny, which (b) gova rise to immediate cause DUF TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? ute the certificate, writing the word a forwarded to the Chief Medical E Cencer of the colon NO X should 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Slala) fectory, street, office bldg., etc.) Whila Not While Hour n.m. et work et work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿. Inquiry T and in my opinion Natural causes 🛣 Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) James I. Boyd Address (Street, city, town, or county) 22d. LOCATION (City, town, or country DEF * NAME OF CEMETERY OR CREMATORY 740 F VS. A15ME 17. -1 - 9 Kraus 5M 7/59



VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PERFORMED?

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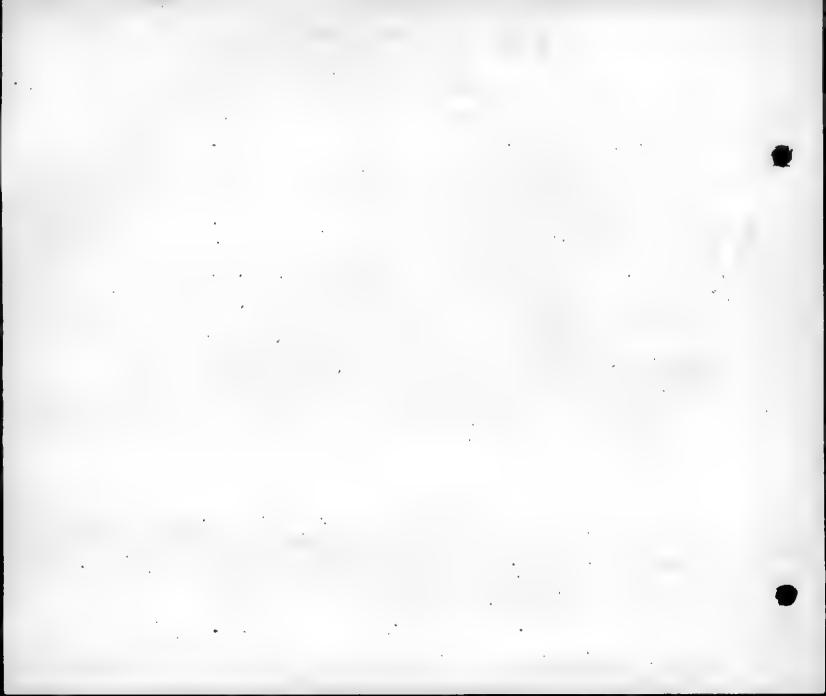
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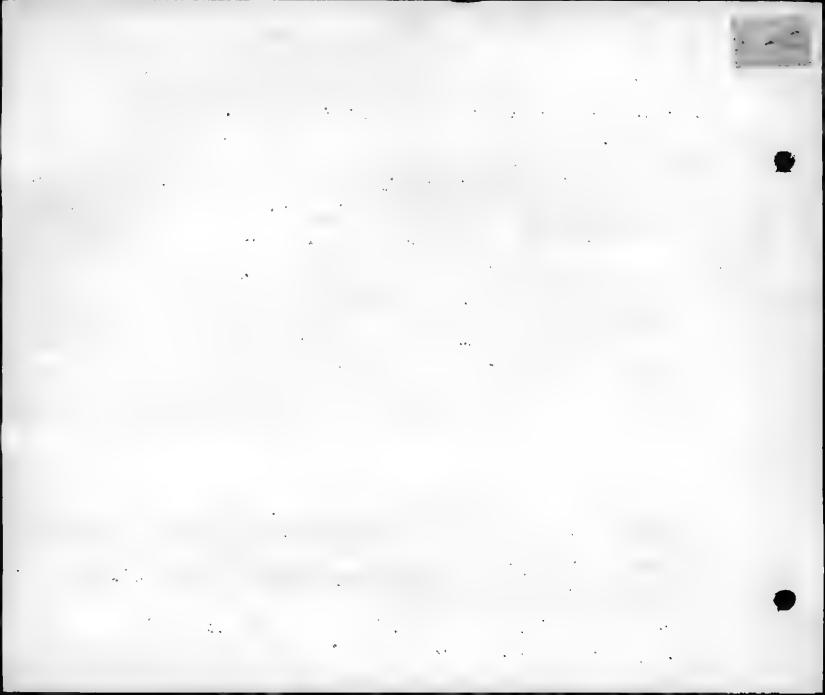


. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a COUNTY Page Health, files, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (if outside corporate) mits. director. write RURAL and give nearest fown) 씽 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) a. IS RESIDENCE ON A FARM? YES NO B State NAMEOF DATE Month DECEASED OF Phe (Typa or print) DEATH with 6. COLOR OR RACE AGE (In year) IF UNDER 1 YEAR 2 with l and 2 wi 32 hours Months Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages e E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a). ansit | ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial # 0 Conditions, if any, which gava rise to immadiata causa Ø DUE TO (a), stating the undarlying nsed PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY HOL 8 CERTIFICA plnous 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 1 20f., (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE EXAMINER'S plnods NAME (Typa) TO DEPL Address (Street, city, town, or county) 228. BURIAL, CREMATION I 226. DATE THEREOF 22d. LOCATION (City, fown, or country) EMOYAL (Specify) 40 d VII. A15ME 5M 7/59 Crims S. Though

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 5	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3 5	9519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19501)
should be with the state of the	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY PRINCE GEORGES
Poge 4 buriet,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tourn RIVERDALE 1 HOUR 1 LAUREL
is nece	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) Leland Memorial Hospital, d. STREET ADDRESS HOZ CARROLL AVE ON A FARM? YES NO
y delay herol gistror g	3. NAME OF DECEASED (Type or print) CLINTON Charles RECTOR DEATH AUG. 27 1960
the fundamental the fundamenta	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MALE WIDOWED DIVORCED MAY 7 1904 9. AGE IN years IF UNDER 14 ARS. Manths Days Hours Min.
ond 3 to and 3 to a 2 with a 2 with	10c. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. DIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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n 24 ho re Poges Poge 5 File Pog	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, fond or unknown) If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, fond or unknown) If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT
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ote, war be chief ECTOR	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
AL DIR	SIGNATURE CIVILAM TO DISON FIFTH T.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 8/27/60
DEPUTY OLWERA FUNERA OF TEMOVE	NAME (Type) WILLIAM DI KOSSON MD DEPUTY MEDICAL EXAMINER 1220. BURIAL, CREMATION, 220. DATE THEREOF 224. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, Jawn, or county) (Signe)]
5 0 5 5	20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR 351GMATURE
VS. A15ME(5) 5M 9/55	Della Congillon Gaunel Nect DATE AUG & 1 '60 areland & trans



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ign,		9559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 0.0502
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Fig. 8		[Yes, no, or unknown] (If yes, give wer or dotes of service) In Carl Fenwach some as #2
F 75 G		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
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に重要	.	death resulted from: Natural causes [4]. Accident [7], Suicide [7], Homicide [7], Undetermined cause [7].
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d different		SIGNATURE SIGNED M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
		EXAMINER'S TA STATE ASSISTANT MEDICAL EXAMINER
e th work UNERA remaya		NAME (Tribe) JAMES L. NOVE DEPUTY MEDICAL EXAMINER DE 8-1-60
cute the forwork		220. BURTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, town, or county) (State)
- 2	2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M & PORT - 240. REC'D BY REGISTRAR'S SIGNATURE
/\$. A15ME(5)	1 1	Mallery James 21 The 18 The Marine S. Thank
5M 9/55	1.	DATE MIND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 09503CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE filed b. COUNTY MARKENTANIE Prince George CITY OR TOWN (If outside corporate limits, write Prince George Marvland funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e e RURAL and give nearest town) shauld 2 Days Cheverly Cheverly ģ d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 2331 Bellview Ave. Prince George General Hospital YES NO T NAME OF Middle Last 4. DATE Year Month Filled DECEASED DEATH oges (Type or print) 60 after death 19 Reillv Aug. B DATE OF BIRTH Aug. 17,1960 IF UNDER 1 YEAR IF UNDER 24 HRS Male 7. MARRIED 🔲 NEVER MARRIED 🗔 AGE (In years lost birthday) Months WIDOWED | DIVORCED papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. oug pou 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Gail Patricia Reilly corl physician within Unknown remove 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17, INFORMANT Address Mother Same ottending please 18. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) the DUE TO ģ Conditions, if ony, which gned (b) gove rise to immediate **DUE TO** couse (a), stating the underpeen si lying cause last. physician **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? has YES NO or attending 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL SS 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while After this at work of work Aug . 19 . 19 60 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from. Aug. 17 19 60, ta 1960 , and that death accurred at 1330, from the causes and an the date stated above. saw the deceased alive an DIRECTOR: 220 SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS pe ALD. Board 22c PHYSICIAN'S 22d. ADDRESS Lilo 7Lth Ave. NAME (Type) nay be r Bellmead. Md page 3 sh the State m DATE THEREOF 23d. LOCATION (City, town, or county) 230 BURINE, CREMATION. 235 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) MARYLAND Prince George's Gen. Cheverly Hosp. 0 MERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Harry W. Penn. Jr. Circling S. Kraus VR A15 (4) 15M 9/59 Administrator



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed to the fact the fiscite, writing the ward "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral of that the Page 4 should be forwards. It the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your forwards. The FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation. ar removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9493 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. DID. No.504

	1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)							
)	O. COUNTY PVINCE GEOVGEMARYLAND	e. STATE Md b. COUNTY Pr. Seo							
	b. CITY OR TOWN Its outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1	CHEVERLY DOA	mount cancer and							
j	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS							
	Pr GEO GENERAL Church	14410-31 ST VES NO 10							
	3. NAME OF First Middle	Last 4. DATE Month Day Year							
	(Type or print) AMES DUCHAIVAN	MICKS DEATH OUG 25 1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.								
	WIDOWED DIVORCED	13/89) /3 yrs.							
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	FOOD CLERK Grocery	VIRGINIA USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	CHARLES C RICKS	ADA SARAH JOHNSON							
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT D // Address - Z / S A							
/	XP WWI 220-63-45-7	1 (ORA LICKS MO-RANIER MA							
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) CELEBRAL O	coelect Inst							
	DUE TO	1							
	Conditions, if any, which) (b) Dyper Lenson								
	gove rise to immediate ceuse	gove rise to immediate couse							
	couse lost.								
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
	PART II. OTHER EIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	PERFORMED? YES NOV							
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Port II of Item 18.)							
		E OF INJURY (Home, form, 20f. (City or lown) (County) (Stote)							
	Hour o, m, p, m, 19 at work at work	ry, street, office bklg., etc.)							
	21. I certify that I took charge of the remains described about	re, held on Autopsy , Inspection X, Inquiry , and find that							
	deoth resulted from: Notural causes 🔀, Accident 🗌, Suid	ide, Homicide, Undetermined couse							
,	d of sociate	DATE SIGNED							
	SIGNATURE & anton OWalkens	_M.D., CHIEF MEDICAL EXAMINER							
	EXAMINER'S DILLERAL ALL ALL ATEL	ASSISTANT MEDICAL EXAMINER ST. 8-22-60							
	NAME (Type) UMY/0/0 UVM/10/1	O SO							
	220. BURIAL CREMATION, 225. DATE THEREOF REMOVAL(Specify) 8/25/60 Ft Lincoln C								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Gasch's Sons Hyattsville, Md	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
		DATE AUG 2 6 '60 wing 2. Time							

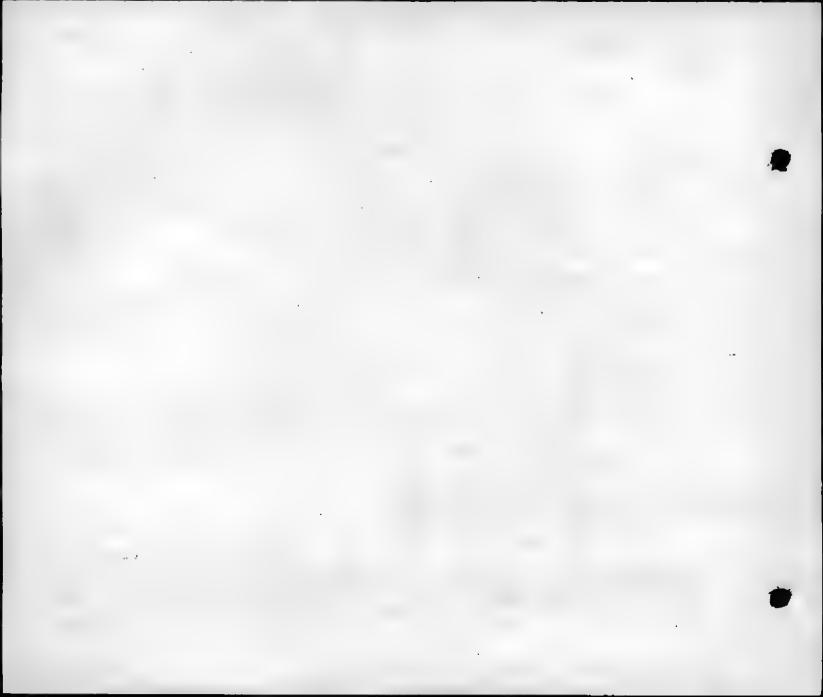
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2# (C)		9437 CERTIFICATE OF DEATH Reg. Distr.	2507
§ M	1	PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution) and face b. COUNTY MARYLAND	FINE S
E E		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and outside corporate limits, write RURAL and outside corporate limits.	re nearest lawn)
fune und b	占	RURAL and give negrest town) 2 months Hughesville	
The Sah	H	d NAME OF HOSPITAL (If agi in hospital, give street address) OR INSTITUTION VATISVILLE CORVALESCENT + REST Home Hughesville	ON A FARM? YES NO
n on		NAME OF DECEASED (Type or print) Mary Dulia Robery 4. DATE OF DEATH 8	Day Year 3 1960
b. Page	5. 5	SEX 6. COLO OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1	YEAR IF UNDER 24 HRS. Oys Hours Min.
d comp	LΛ		EN OF WHAT COUNTRY
an and addition of the state of	_	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	7,-3
ysician urs aft	3	John E. Ditor Mary, Kose Montg	omery
g phy remo	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT SO Address Address Proceedings of services 220-34-7957 RAYMOND ROLEY-1052 BUCLAN	ONST N
tendin please		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
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siciar ransi	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(a) 19. WAS AUTOPSY
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al ar at his cert use as emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m 19 Of work care at work care	unty} (State)
ol, cr			st saw the deceased
the the top		alive an Museum	date stated abave
Section 1		SIGNATURE JUL Gran Crane MD. 43/4 Salle Luit Tuyor	BOUL
Phone Parameter of the		PHYSICIAN'S TILL BERGEMANUU Range Casa	
FUNEI Sign 3	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, towar or county) REMOVAL (Specify) Aug. 6 1960 St. Manual Bru an Toward	(State),
VS A15 (4)	H	UNERAL DIRECTOR'S SIGNATURE HOME, ADDRESS WALLS & MAL. DATE AND TO '60 CALLING &	ATURE Thous
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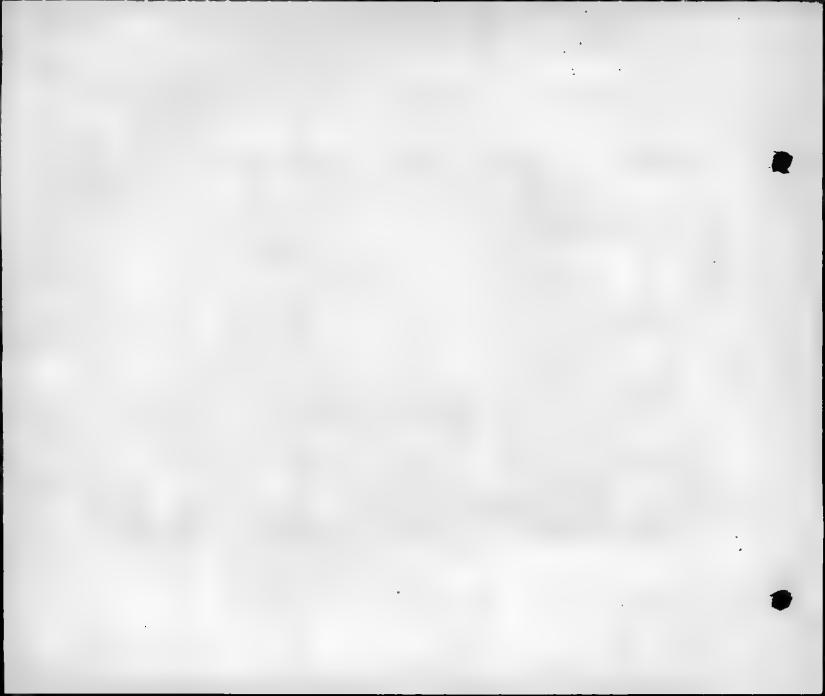
John E Diron 220-34-7957

MARRY IAND Mary Rose Montyemery

Burial Aug 6196 St Mary's Hunte Funsial Home, Walder & Md

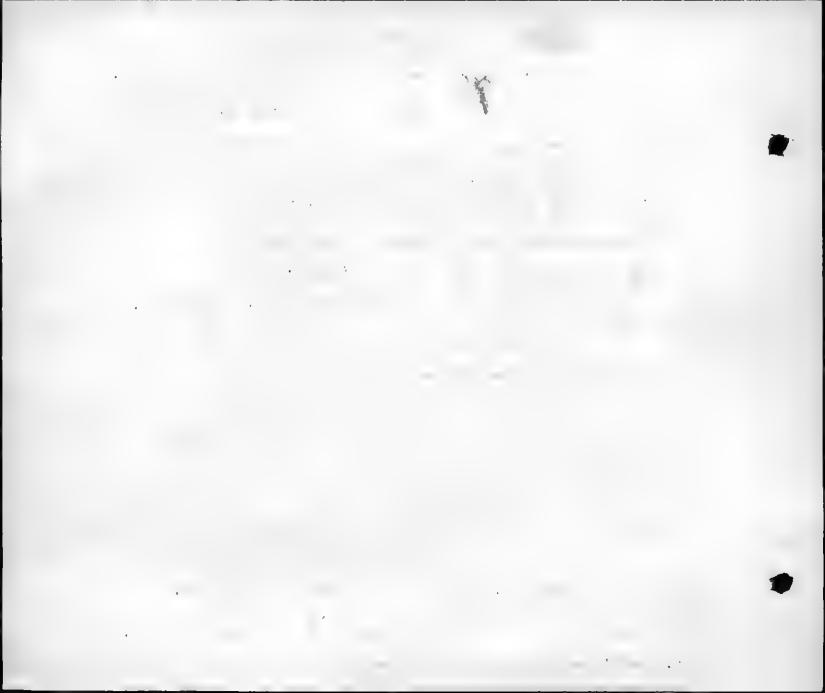
Bry Enterny Med.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATHL 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY O. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 00 d-NAME OF HOSPITAL OR/INSTITUTION (If not, in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Month Year Day DEATH (Type or print) 19 9. AGE (In Wars 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P. 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Months Days Min. WIDOWED | DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dering most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and assistan FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stating the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 8 PERFORMED? NO X 200 EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 120f. (City of fown) Month, Day, Year (County) (State) factory, street, office bldg, etc.) While Not while at work al work 21. 1 certify that I took charge of the remains described above, held an Autopsy , inspection . Inquiry R, and find that to the Chief I death resulted from: Natural causes 7. Accident XI, Suicide . Homicide . Undetermined cause . 3 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ₽ ₹ ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER. SOEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY) 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Vs. A15ME(5) DATE AUG 2 6 '60 Callen & Kraus 5M 9/55



15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



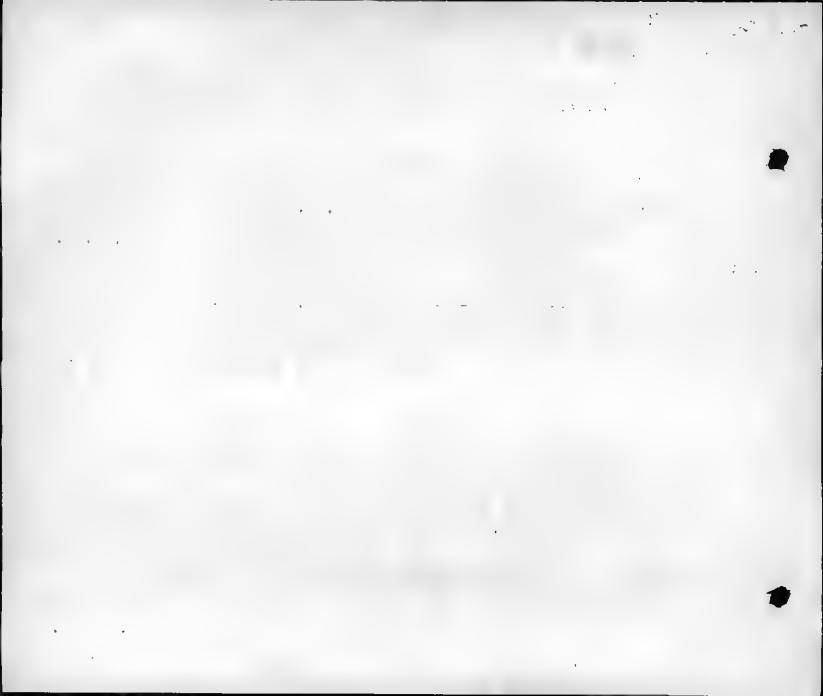
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/4	9	ZGR		CERTIFIC	IFICATE OF DEATH				03910		
)	1. PLACE OF DEATH o. COUNTY	rce GEER	aÉS	MARYLAND	n STATE	ENCE (Where decease	b. COUNTY	PRINCE	ore admission)		
	b CITY OR TOWN RURAL and give	N (If outside corporate line pearest town)	hits, write c. LENG	GTH OF STAY IN 18	c. CITY OR TO	/	porote limits, write R	URAL and give ne			
1	d. NAME OF HOTOR JINSTITUT C	5 10	give street address)	Hespital	d. STREET AL	- /	and AV.	ε	e. IS RESIDENCE ON A FARM? YES NO N		
	3. NAME OF DECEASED (Type or print)	1	irst 14m Ho	Middle Oward	Russe	// 4. DATE OF DEAT	Mon H Auge	th D	oy Yeor 4 1960		
	· MALE	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	Sept. 3		9. AGE (In years lost birthdoy) 45 yrs	Months Doys	R IF UNDER 24 HRS. Hours Min.		
1	during most of y	ATION (Give kind of worl vorking life, even if retire 18UCLT CT	Airli	ines Tra		CE (Stote or foreign	country)	12. CITIZEN C	• A •		
1	13. FATHER'S NAME		Dompa	any	14. MOTHER'S						
,	Edward		agree L. coel.		Salom	e Childs					
	(Yes, no, or unknown)	(If yes, give wor or dates of	service)	10-5149	Edith A	. Russel	1-Same		re		
		DEATH [Enter only one	Annual Contract of the Contrac), (b), and (c)]		6 /		IN	PERVAL BETWEEN		
	Conditions, i gove rise to couse (a), stati	immediate DUET	(b) (: 1 × 4	e the	Hene Win and	i face	lues -	6	1/2 je aco		
)	ZO ACCIDENT	OTHER SIGNIFICANT CO	20b DESCRIBE HO		UT NOT RELATED TO		ASE CONDITION GIV	EN IN PART 1(0)	PERFORMED? YES NO		
	OR CONTRIBUTI	NG CAUSE OF DEATH	-1		<i>[</i>						
	20c TIME OF IN	m. 10	While No	CCURRED 20e.	PLACE OF INJURY (F factory, street, affice	lome, form, 20f. (C bldg., etc.)	ily or town)	(County) {Stote}		
	1 1 1	that (1) (this haspite	0'1'		death accurred	19.58, to			hat (i) (we) last e stated abave		
	220 SIGNATURE	12. P. p.f.	u te in	وبا	M.D. ATTENDING	MED DIRECTOR [STAFF PHYS	14	Aug 1960		
1	ZZc. PHYSIGIAN SIAME (Typ	non In of	fulet.	cruis My	73/S	s Lando	ovy Pt	of Kyate	Trilly, le		
	23a. BURIAL, CREMA REMOVAL (Spec		EOF 23c N	AME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, town,	or county)	(Stote)		
	Burial 24. FUNERAL DIRECT	8/18/6		inity Ce	metery	25a. REC'D BY REGI		OPO .	Md .		
i,	Ritchie	Broc. Fun	'l Home-	Upper La	riboro	DATEUG 2 3 '6	O Cina	ing S. Kem	Á.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hayrs after death. Page 4 may be fined by the hospital ar attending physician.

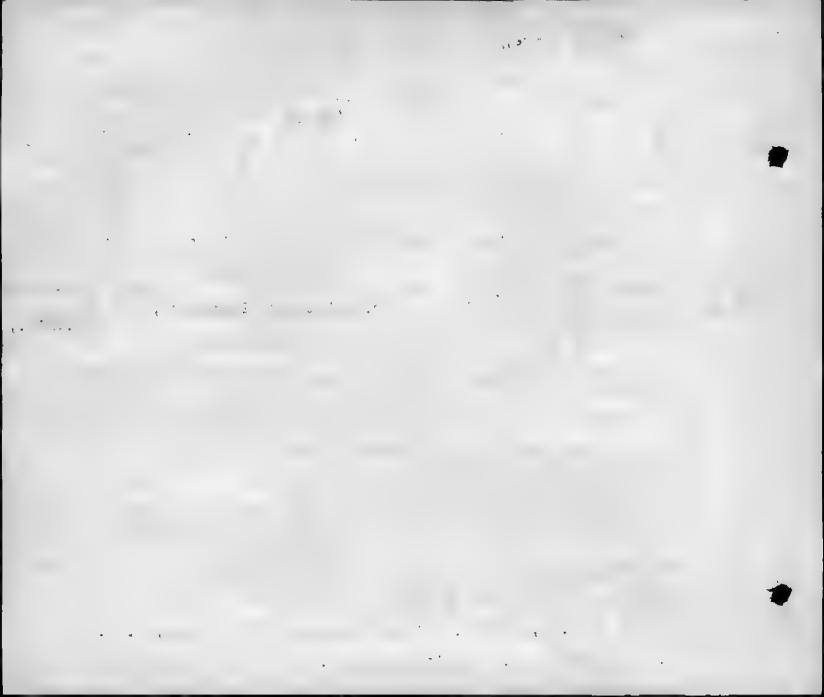
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fixed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

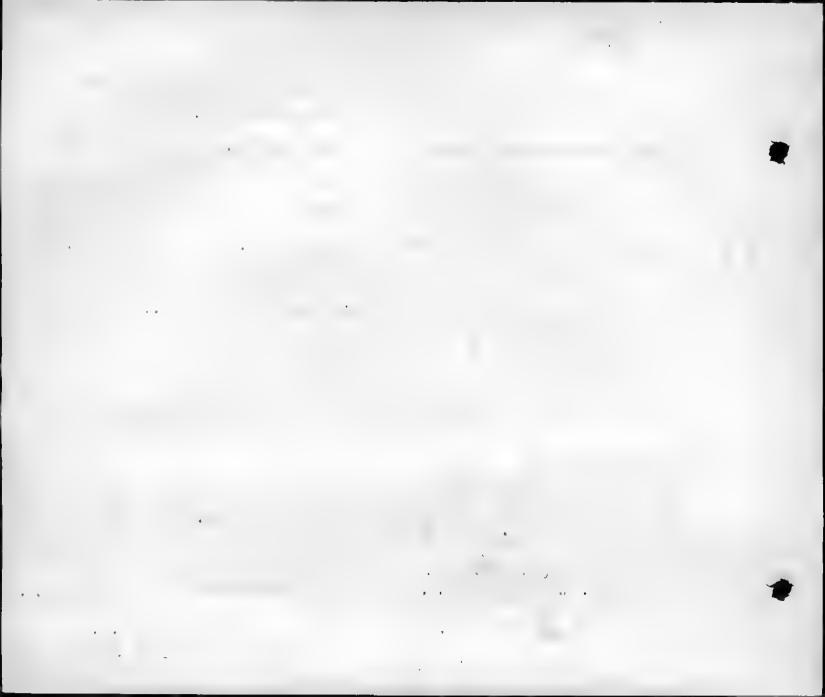
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BALTIMORE 1. MARYLAND *AMINER'S C I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence e. COUNTY Page MARYLAND CITY OR TOWN ide corporate limits, write RURAL and give nearest town) director. e. IS RESIDENCE ON A FARM? YES NO P NAME OF DECEASED OF (Typa or print) S. SEX UNDER 1 YEAR JE UNDER 24 H AGE (In years last birthday) Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) SALESMA ひろひみと / N F pages PM3. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Ē WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 400 Jefferson Yas, no, or unkown) (Ifyasgivawerordatesofservica) along with transit permit Lamoureux, 1015 Chestnut 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** any, gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO O 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, fenter netura of intury in Part I or Part II of itam 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Whila Not While et work et work 19 21. I certify that I took charge of the remains described above, held an Autopsy ! Inspection and in my opinion DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAR ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME Typa Address (Street, city, fown, or county) 22e, BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country REMOVAL (Boscify) 40 6 Olivet Cemetery Washington 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR VS. AISME Riverdale, Md. DATE AUG 15'60 arthur & Kines CHAMBERS CO., 5M 7/S9

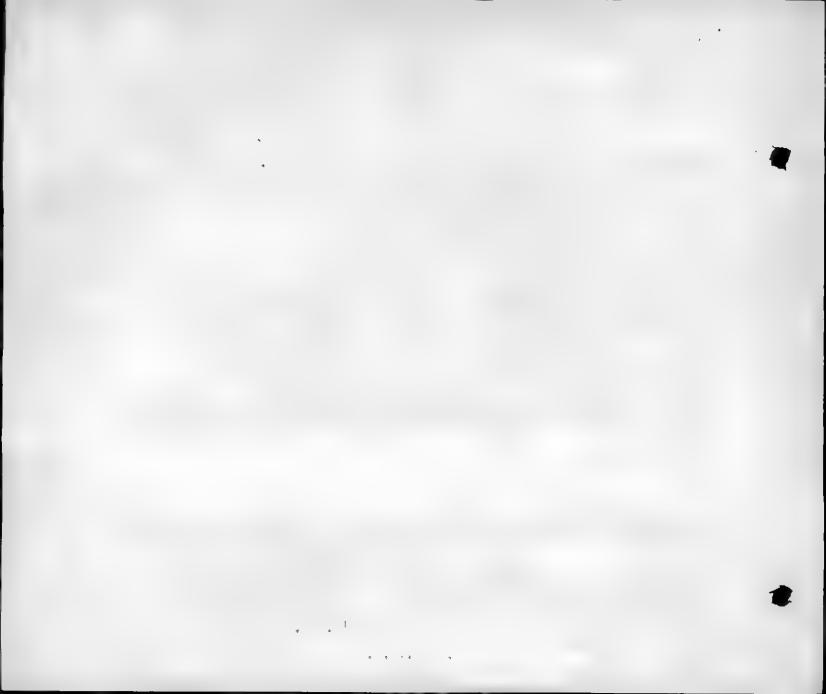
ND STATE DEPARTMENT OF HEALTH





0.9513AMINER'S CERTIFICATE OF DEATH Reg. Dist. No. essary, please ex Page 4 shauld 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY (MARYLAND b. CITY OR TOWN III outside corporate timus, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If possible corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗖 NO 🗍 3. NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 196 S. SEX 6. COLOR OR MACE 9. AGE (In yeard FUNDER TYFAR IF UNDER 24 HRS. 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH Months WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11, 878THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), sloting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO D 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING DE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote) While Not while o. m. at work at work p. m. 21, I certify that I took charge of the remains described above, held an Autopsy ... Inspection 7. Inquiry . the Chief ! Accident . death resulted fram: Natural causes [3], Suicide . Homicide . Undetermined cause . 3 DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 20 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) TO FUN farw 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) MYER, NAT'L.CEM. FORT VIRGINIA ADDRESS 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S, SIGNATUR 24a. REC'D BY REGISTRAR YS. AISME(S) Ollun & Tuesa 2 '60 DATE ANG 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

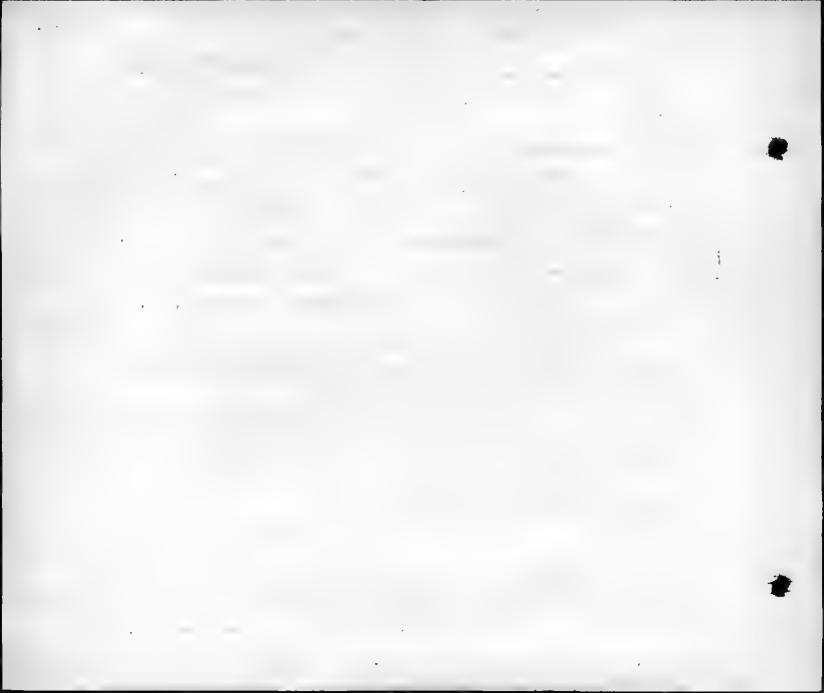


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPU 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, if institution; Ras a. COUNTY Health, Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (f outside corporate I mits. G. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest lown) ö Cheverly Board Belmead d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give streat address d STREET ADDRESS a. IS RESIDENCE ON A FARM? George's General Hospital 74th 3906 YES NO K 3. NAME OF 4 DATE Month Day Year DECEASED OF with the (Type or print) Stanley Wal ter Siciak DEATH 19 60 effer August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF B RTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with and 2 wi lest birthday) Months Nov. WIDOWED [DIVORCED [Male 100 USUAL OCCUPATION (G ve k nd of work 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages Industry Agent of Justice U.S.A. Pennsylvania P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Siciak Tecla Piasecka Office etong with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (If yes guva war or dates of service Yes Mary B Siciak same as 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** geve rise to immediate cause **DUE TO** (e), steting the undarlying 28 Examiner' causa lest. be used PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO [Plnoys 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stata) factory, streat, office bldg., etc.) Hour a.m. While Not While prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion designated agent, death resulted Viron: Natural causes Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/16/60 EXAMINER'S Boyd plnods NAME (Type) James Address (Street, city, town, or county) 22a. BURIAL, CREMAT ON, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 40 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 DATE NIG 1 8 '60 arthur & Henry

RYLAND STATE DEPARTMENT OF HEALTH



24



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9510 CERTIFICATE OF DEATH

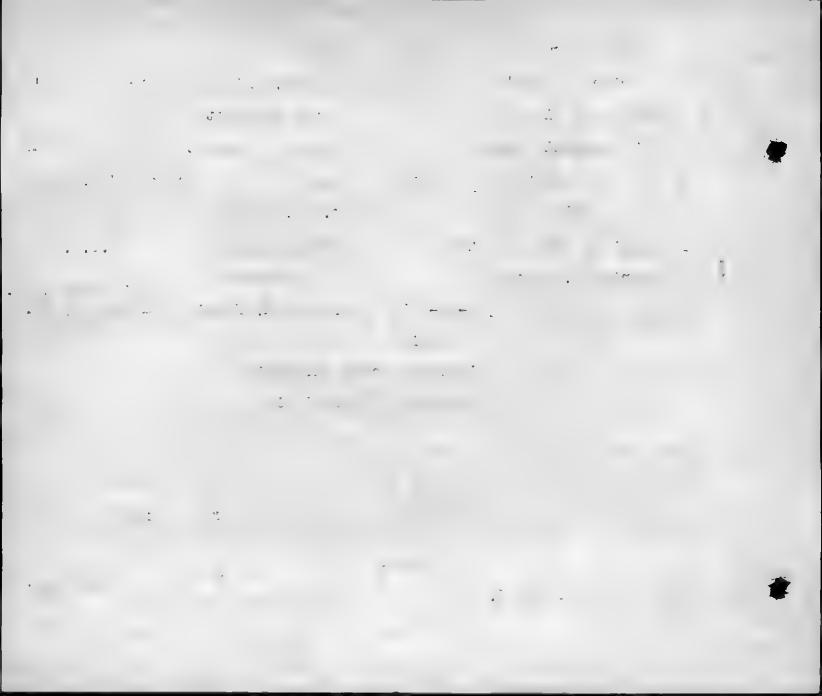
Reg. Dist. No. 19516

1. PLACE OF DEATH o. COUNTY Prince Ge	agge	MARYLAND	2, USUAL RESIDENCE (W	here deceose	d lived. If institution b. COUNTY				
b. CITY OR TOWN (II RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Laurel			Burtonsville						
d. NAME OF HOSPIT.	AL (If not in hospital, give street	oddress)	d. STREET ADORESS				e. IS RESIDENCE ON A FARM?		
A 8	eneral Hespita	1	1/1520 Col	umbia	Road		YES NO Z		
3. NAME OF DECEASED	First	Middle	lest	4. DATE OF	Mon	ith [Day Yeor		
(Type or print)	Bessie	I	Soper	DEATH	****5	ust 5	19 60		
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		R IF UNDER 24 HRS		
Female	White WIDOW	ED DIVORCED	7/15/1871		89 yrs.	Months Days	Hours Min,		
10a. USUAL OCCUPATIO during most of work	N (Give kind of work done 10b. ing life, eyen if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign o	country)	12 CITIZEN	OF WHAT COUNTRY?		
Hand		Hame	Marylan	el			USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME					
John Ridge	ly Randolph Car	rroll	unknow	w					
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT		Add	ress			
~~~	yes, give was as about of revices		Hospital	Recei	rds				
IB. CAUSE OF DEA	TH [Enter only one couse per lj	for (a), (b), and (c) ]					TERVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY:	nough	5 Re1111	MA	maci	- 01	SET AND DENTH		
	DUE TO		W III		1 -				
Conditions, if or	in subject 1	exeller	A Thora	111	ais		Moute		
gove rise to in	nmediate (	0.	(	ny			4		
couse (o), stoting to	he under	lu (1) F	VIDELDE	Dor	air	/	5-4n		
Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY		
ĮŠĮ ,	Senelia	ti					PERFORMED?		
PART II. OTH  200, ACCIDENT WA  OR CONTRIBUTING  U (IF EITHER, NOTIFY	S LINDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIP HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Par	rt II of item 18.)				
	•	NJURY OCCURRED 20e Pt	ACE OF INJURY (Hame, form	20F (Ci)	u or lown)	(County	(Stote)		
20c. TIME OF INJURY Hour e. m. p. m.	While		ctory, street, office bldg., etc		y ar nawig	(Coonly	, (2,01c)		
21. I certify_th	at Vattended the deceas		19 4210	1/5			saw the deceased		
alive on_8_	A4 196	and that death	accurred at	M, fra	m the causes a	ind an the d			
ACTUAL SIGNATURE	+ M W	arren	M.D	ADDRESS (S	itreet, city or town,	stote)	DATE SIGNED		
PHYSICIAN'S NAME (Type)	J. M. Warren M	(_D	305 Prince	e Geor	ge Street	Laure	l. Maryland		
220. BURIAL, CREMATION (Specify)		Christ Chi	OR CREMATORY		TION (City, town, o		(State)		
23 FUNERAL DIRECTOR	SIGNATURE XILL	ADDRESS		AUG 9	TRAS 24b. REGI	STRAR'S SIGNAT	China		



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmuster) I director. Page I for your files. Board of Health, e. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) West Lanham Hills Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? State | Annapolis Road 7019 Street YES NO I 3. NAME OF Middle 4. DATE DECEASED and 3 to the OF the (Type or print) Charles DEATH Edward Soper August ind be executed within 24 hours after death, in pencil In Item 18. Give Parm 1, 2, and 3 to Office along will form PM3. Page 5 may be purial-transit permit. File pages 1 and 2 with event, and In any event, within 72 hours after the pages. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Male WIDOWED [ DIVORCED 1907 Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Driver Help U.S.A. Trucker Mary land Charles E. Soper Unknown 6805 Beacon Pl. Address (Yes, no, or unknown) ([[fyes give wer or dates of service] Riverdale, Md. No
18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), end (c). Mrs. Jane A. INTERVAL BETWEEN Office along w burial-transit premoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia **DUE TO** Bilateral Lobar Pneumonia (b) "pending" geve rise to immediate cause DUE TO (a), stelling the underlying Examiner NO. Pulmonary Tuberculosis uld be used a cause lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Lite the certificate, writing the word forwarded to the Chief Medical E. AL DIRECTOR: Page 3 should be NO F 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 s to burie 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year (County) (Stote) fectory, street, office bldg., etc.) Not While Hour a.m. et work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X and in my opinion Natural causes X, Accident Suicide Undetermined manner death resulted from: Homicide I CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should lie for FUNERAL 1 SIGNATURE DEPLITY MEDICAL EXAMINER August 19 EXAMINER'S NAME (Type) James Boyd Address (Street, city, lown, or county) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stete) 22a. BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or country) TREMOVAL (Specify) llulungh 27h 7+ 0 ₽40 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

within 24 hours



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09520

Rea Dist No.

	_		
1		o. COUNTY June Lozz MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A  4.
/	b	b. CITY OR TOWN   If outside corporate firmits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown)
-A		Cheverly DOA	3402 Shepherd of
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
J		orince the their	MITTANIER YES NO IS
İ	4	NAME OF DECEASED (Type or print)  (Type or print)  (Type or print)	Lange Louis 4. DATE Month Day Year OF DEATH QUG 30 19 60
	5. 5	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. D. WIDOWED DIVORCED C	AGE (In from ST VER 15 UNDER 14EAR IF UNDER 24 HRS (is) bighthogy Wonths Days Hours Min.
	100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, eyen if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
\		tinensolones (	West Virginia USU
	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME
/		CHARLES STINNETT	EUFOLA GOODMAN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT V 1 1902 Addin Buren ST
		10 Unknow Vio	lit alath W. Hyalteville mo
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART ). DEATH WAS CAUSED BY ACLL QUE TO	nonary Congletion
		Conditions, if any, which por Barluture	ctory? antopecation
		(o), stoting the underlying cause lost.  OUE TO (c)	
Ļ	CFRTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
* # . [‡]		200. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter CAUSE OF DEATH.	er nature of injury in Port I or Port II of item 18.)  The manufacture of Pills
	WEDICAL		OF INJURY (Home, form, 20f. (City or town) (County) (State), street, affice bidg., etc.)
	MED	Hour a, m, While Not while foctory.	, डाल्का, ब्राप्ति वावश्वत, वाद्या
		21. I certify that I took charge of the remains described above,	, held on Autopsy 🔼 Inspection 🗌, Inquiry 🗍, and find the
		death resulted from: Natural causes, Accident, Suicid	de 🔼, Homicide 🔲, Undetermined cause 🔲.
		d/ cy- Th	DATE SIGNED
		SIGNATURE Warfor Chalter	M.D. CHIEF MEDICAL EXAMINER
pullif.		EXAMINER'S DAYTON O WATKIN	S DEPUTY MEDICAL EXAMINER S 8-30 60
	220	SEMOVAR (Specify) 9-1-1960 FT SINCE OF THE SEMOVAR (Specify) 9-1-1960 FT SINCE OF THE SEMOVAR (Specify)	Cornetey Bladensburg Md
	23.	FUNERAL DIRECTOR'S SIGNATURE.	244, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE SEP 2 '60 CINCLIN S. KNAME

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute that ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral factor. Page 4 shalld be farward. In the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your person of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your person of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your person of the Chief Medical Examiner's perso

VS. A15ME(5) 5M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## **CERTIFICATE OF DEATH**

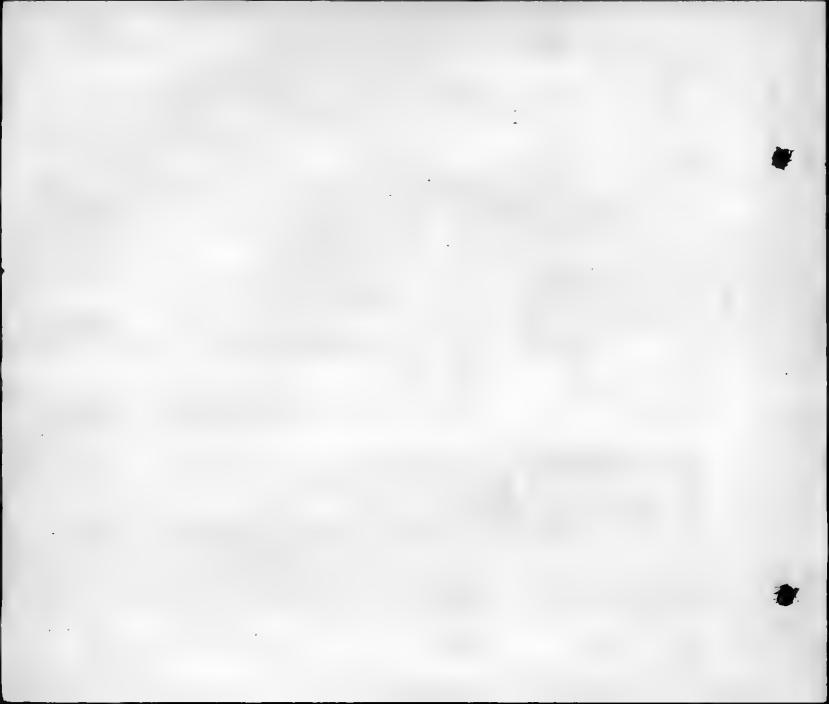
09519

N	0006		Keg, Dist, No.
	1. PLACE OF DEATH 9 COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE DISTRICT OF COLUMBTA
	b. CITY OR TOWN (If outside corporate limits, wi	rite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CAMP SPRINGS (RURAL)		WASHINGTON DC
	d. NAME OF HOSPITAL (If not in hospital, give s' OR INSTITUTION	ireel oddress)	d STREET ADDRESS . IS RESIDENCE
	USAF HOSPITAL ANDREWS		134 IRVINGTON ST SW
J.	3. NAME OF First	Middle	Losi 4. DATE Month Day Year
	(Type or print) DEBORAH	ANN	STICKELL DEATH AUGUST 9 19 60
	5. SEX 6. COLOR OR RACE 7	MARRIED   NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE CAUCASIAN WIL	OOWED DIVORCED	8 AUGUST 1960   lost birthdoy)   Months   Days   Hours   Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	NA.	NA	MARYLAND USAF
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME
	EDWARD B STICKELL		JO ANNE B HARVEY
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		INFORMANT Address
	(Yes, no or unknown) (If yes, give wor or dates of service)		RECORDS
	200. ACCIDENT WAS UNDERLYING 1 206. OR CONTRIBUTING 1 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 2 4 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DNS CONTRIBUTING TO DEATH BUT  DESCRIBE HOW INJURY OCCURRED  Od INJURY OCCURRED  York Of Work 1	INTERVALE TWEEN ONSET AND DEATH 29 HOURS  T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YE
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	
	REMOVAL (Specify)		And America
	23. FUNERAL DIRECTOR'S SIGNATURE W. W. Chembers	Co Beverda	le, 72 DATE AUG 15'60 246 REGISTRAR'S SIGNATURE CITCLES & Home

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be fined by the haspital at attending physician.

O FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the registrar priar to burial, cremotian, at remayal, and in any event within 72 hours after death. May be

S A15 (9) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH



Then please remay carbon papers. Pages 1 and 2 shauld be filled with and in any event within 72 sours after death

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09522

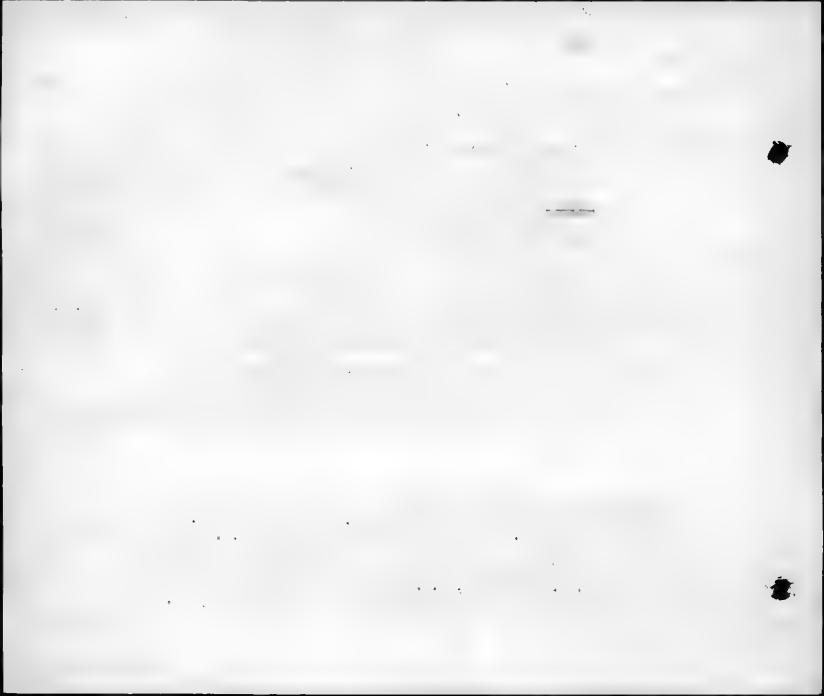
	9000 CERTIFICATE OF DEATH
Ì	1 PLACE OF DEATH O COUNTY RINCE SEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before officially b. COUNTY RINCE SEORGE
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cheverly  Cheve
7	A NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  PRINCE GEORGES GENERAL HOSPITAL 3423 834AVE  e is residence on a farm?  YES \( \) NOTE
	3. NAME OF DECEASED (Type or print) POSEPH HENRY TAILOUTE AUGUST 6 1960
	S SEX  6. COTOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  SEPT 25/1887  9 AGE (In years lost birthday)  Manths  Days Hours Min  Divorced  Divorced  Divorced  Divorced  Divorced  SEPT 25/1887  9 AGE (In years lost birthday)  79 yrs.
	100. USUAL OCCUPATION (Give kind of wark dane during host of working life, even if retired)  APER HANGER  5E2F-ENROYED  WASH-D  12. CITIZEN OF WHATCOUNTRY O
	13. FATHER'S NAME  NEW YORK  14. MOTHER'S MAIDEN NAME  VALUE NO WALL
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Yes, no. or Approprial Is yes, give After or Golden Decrices UNKNOWN DEZORES R. COLLINS 1853MINTODE
	18 CAUSE OF DEATH [Enter anly and cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cloude Pulluration Exclaime  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPED PERFORMED? PERFORMED? YES NO  OR CONTRIBUTING CAUSE OF DEATH II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a m. While Not while of work of two of
	21 I certify that (1) (this haspital) attended the deceased fram Aug. 1
	220. SIGNATURE  FINALLY WILL M. D. ATTENDING MED STAFF SIGNEE SIGNEE  ATTENDING MED STAFF PHYS.   22b. DATE SIGNEE
	Physician's Name (Type) Dr. G. James Duke, M.D. 22d ADDRESS 6607 Riverdale Road, Riverdale, Md.
	230. BURIAL, CREMATION, 236. DAJE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) (Stot
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE: 1 1 160  DATE: 1 1 160

DATE 11 '60

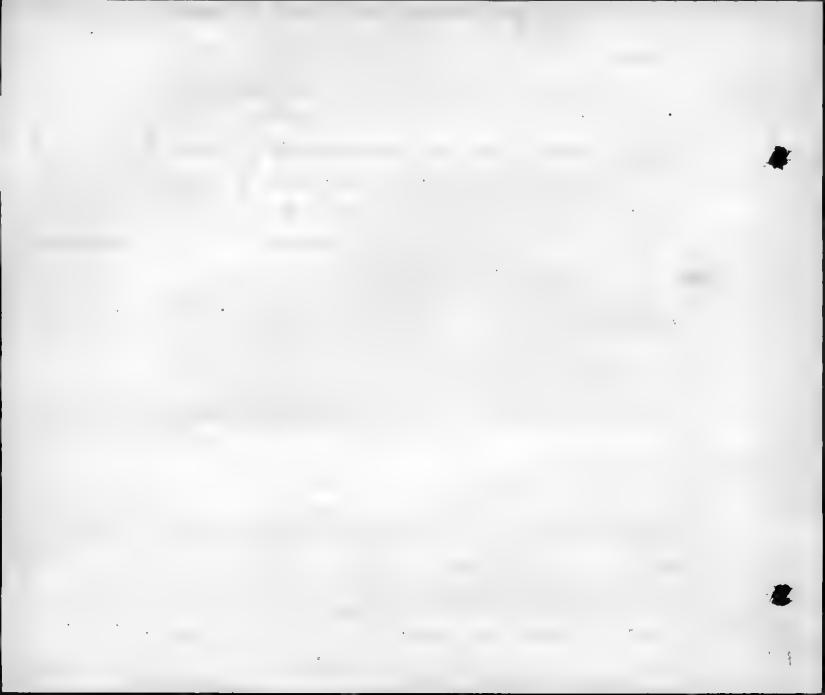
CUAS House

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be get by the haspital an attending physician.

TO FUNER ACCORECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremation, ar remayal, and in any event (within 72 hours after death VR A15 (4) 15M 9/59



N. P.			9563	CERTIF	ICAT	E OF DEATH		IIMORE, 18	() 95 Reg. Dist. No	-	
Page Alirector.	ī,	PLACE OF DEATH o. COUNTY Princ	ce George	MARYL		USUAL RESIDENCE (WHO, STATE Virgini					on)
death.		b. CITY OR TOWN (If our RURAL and give neare W. Hvattsvi		c. LENGTH OF STAY IN		a city or town (if a		rate limits, write RUF	RAL and give ne	arest town	ı
by the f			(If not in hospital, give street			d. STREET ADDRESS		treet Nor	th	e. IS RESI ON A YES	DENCE FARM? NO X
24 hou	3.	NAME OF DECEASED (Type or print)	First	Middle	· ·	Lost	4. DATE OF DEATH	Month	D		ear
Pages	51 3		COLOR OR RACE 7. MAR	D.  RIED □ NEVER MARRIED		eegarden ATE OF BIRTH			F UNDER 1 YEAR		960 R 24 HRS
omplet spers.	10a	USUAL OCCUPATION (	White WIDOW			pril 8, 188	3	77 yes.	12 CITIZEN		
on de		HOUSEWORK FATHER'S NAME	lite, even ir retired)		11.	New Yor			Uhite	ed St	ates
icote b			Patrick Brack			Anna Fl					
ng phy e remo 72 ho	Ye	in no. or unknown (If ye	U. S. ARMED FORCES? 16. m, give wor or dutes of service)	, SOCIAL SECURITY NO.	Sac	red Heart H	ome. V	Addres		larvl.	and
offendi offendi n pleas t within		PART I. DEATH	Enter only one cause per I WAS CAUSED B MEDIATE CAUSE (o)	ne for (o). (b), and (c).}  CRONARY		ROMBOS			INT	ERVAL BET	TWEEN
that the by the lit. The ry even		4-3.0 Conditions, if any,	DUE TO	YOCARI	)/A/	INFA	RCI	ION	_	367	Ris
requires on. signed sit perm nd in a		gave rise to immo couse (a), stating the lying couse last.		pertens	ine	Learl d	rain	20_		64	car
physicion physicion been ial-trans	CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(o)	PERFO	NO [
FAN: T ending ficote h the bur or ren	CERTIF	20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	INDERLYING (1) 20b. DES CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in I	ort I ar Part	If of item 18.)			
PHYSIC all or off bis certs use os emotion	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. White of wo	Nat while	0e PLACE factory,	OF INJURY (Hame, form street, office bldg., etc.	, 20f. (City	or town)	(County)		(State)
bospile After if hed for not, cre		21. I certify that	I attended the decea		7	, 19 <i>56</i> , to <i>Cl</i>	ng 3	19 <b>60</b> the causes an	that I last s	aw the	deceased
ATTEN by the CTOR: c deloci		ACTUAL SIGNATURE	mas 7 (	CA:	ieain ac			reet, city or town, sta		DA	id abave. ITE SIGNED 3-6
At Ox Fined DIRE or prio		PHYSICIAN'S NAME (Type)	HOMAS.	F. COLLII	M.D. V.S A	7		<u> </u>	<u> </u>		- G(
y be UNE	220		22b. DATE THEREOF	22c. NAME OF CEMET		<u>XXXX</u>	22d. LOCAT	ION (City, town, or	county)	(State	)
TO HO TO FUN Page the re	23.	BUT 107	8/8/1960 GNATURE / /X	Arlington		24a. REC'I	A D BY REGISTI		n, Vir	gini RE	<u>a</u>
VS A15 (4) 15M 10/57		- Fitzepri	ald tuners	Arlingto	son n, V	Blvd AME AU	G 5 '6	0 0:	on S. Fan	u.A.	



MARYLAND STATE DEPARTMENT OF HEALTH

09524

Prince George's

Day

2

Doys

(County)

n. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

(Stote)

SIGNED

12 CITIZEN OF WHAT COUNTRY?

60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

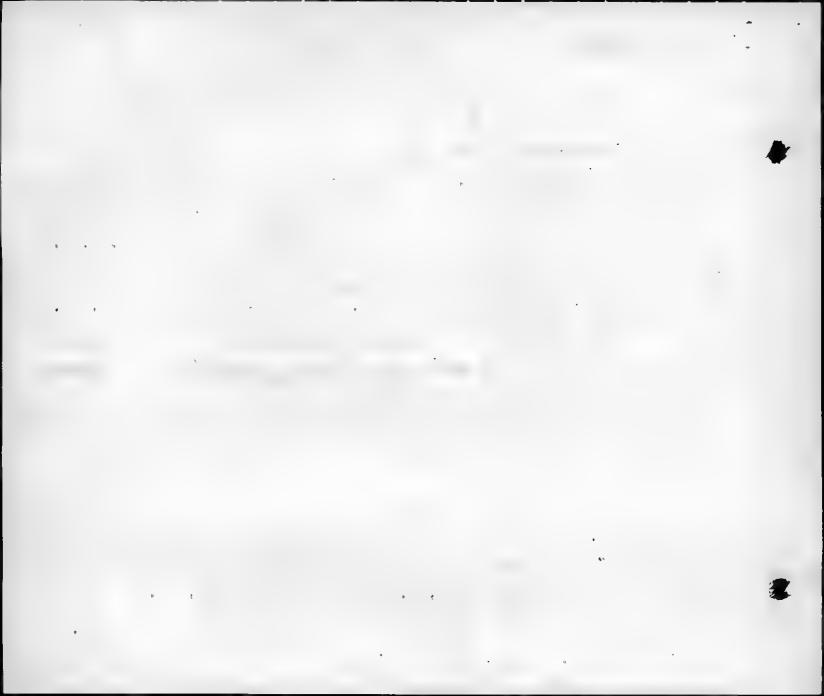
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09525

~ L	3002	CERTIFICA	IL OI DEATH		
A	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution	an: Residence befare admission)
/ L	TRINCE ESORGES		MARYA	Nd	H. A. Y
ı	b. CITY OR TOWN (If autside carporate limits, Frite c. LEN RURA, and give nearest tawn)	IGTH OF STAY IN 16	c. CITY OR TOWN (If out	side c <del>arporale limits, write R</del>	URAL and give nearest tawn)
	Chevsely 3	days	Lothian		
Ī	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM
	PRINCE CEORGES CENER	eal tosp.			YES NO
93	3. NAME OF First	Middle	, Last	4. DATE Mon	ith Day Year
	(Type or print) Alice Co	-11	23006	DEATH AUGUS	+ 17 196
5	S SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Vin years	IF JNDER 1 YEAR IF JNDER 24 H
	FENALS IN WIDOWED DO	DIVORCED [	9-28-87	last birthday)	Months Days Hours Man
į	10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND O	F BUSINESS OR INDUS	TRY , 11. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNT
	during most of working life, even if retired) Housewife Own	Home	Marvlan	a	U. S. A.
li	13. FATHER'S NAME	. 2201110	14 MOTHER'S MAIDEN NA		1 0.0 3 0 14.0
1	Towis Change		Maria St	allings	
ŀ,	Lewis Chaney	SECURITY NO. 17, IN	FORMANT	Add	rett
	(Yes, no, or unknown) (If yes, give war or dates of service)				
F	No		es. Lou Seme	T- obber Wa	rlboro, Md.
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a PART I, DEATH WAS CAUSED BY:	i), (b) oud (c).]	1-1	*	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	aretino	x Throngios	u .	Journed
l	HADAI DUE TO O I	0 0	0	113	11
	Canditions, if any, which ) (b) (b)	olus from	~ COYOUNG	marcha	Jaaryo.
	gave rise to immediate cause (a), stating the under	4 10	L 0	1,1	40
ı	lying cause last. (c)	2-11000000	4. Cottman	persone	10,20
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION G \	/EN IN PART 1(a) 1€ WAS AUTOP PERFORMED?
H	\[ \]				YES NO
	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HE	OW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort I ar Part II af item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City ar town)	(County) (Ste
l		ot while tac	tary, street, affice bldg., etc.)		
			A. A.	1 1001	
l	21 I certify that (I) (this haspital) attended the				1962, that (I) (we) I
ı	saw the deceased alive an 18 Uses 19	and that d	eath accurred at/0 4/1	M, fram the causes ar	nd an the date stated aba
l	220 SIGNATURE	1,0	ATTENDING MED		22b DATE
	ZZc. PHYSICIAN'S	N 60		ECTOR   PHYS	0/10/00
l	NAME (Type)	1. D	22d. ADDRESS	-mlhama ld	
L	Robert B. Sagso	er, L.D.	obber w	arlboro, Ld	L •
1	23d BUR AL, CREMATION, 23b DATE THEREOF 23c. N REMOVAL (Specify)	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City fawn,	ar county) (State)
		ithville	Cemetery	Smithville,	Md.
2		DDRESS TOTAL			STRAR'S SIGNATURE
	Ritchie Bros. Funeral Ho	ome-Upper	Larlborg AU	G 23 60	rimy d. Plane

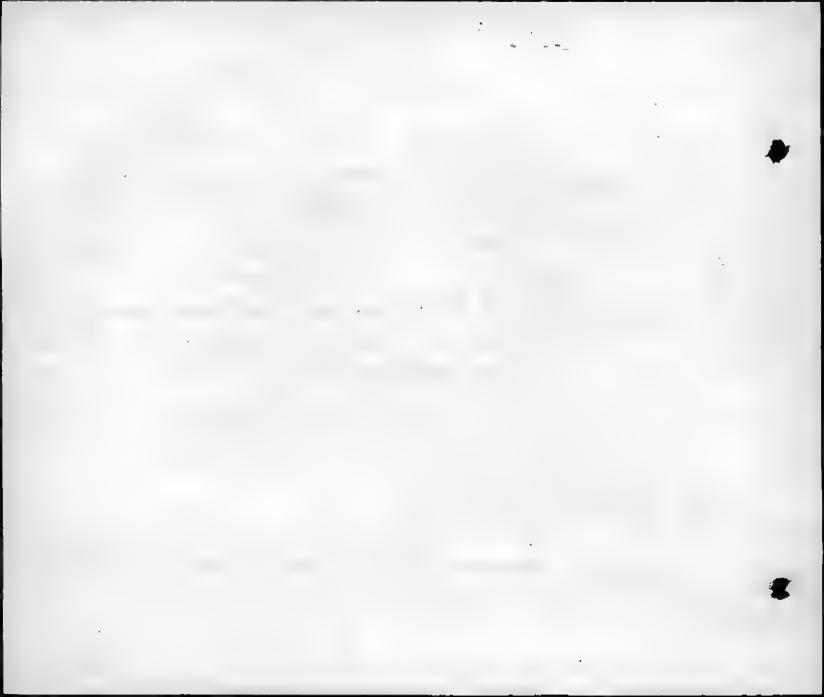
TO HOSPITAL OR ATTEMBING PHYTICIAM: The law requires that the death cartificate be axecuted within 24 haurs after death. Page 4 may be to by the last partial or offending physician.

TO FUNERATIONER After this certificate has been signed by the attending physiciam and campletely filled to the funeral director.



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IAI	1	ķ	Han	the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.
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9	oy	F	age	e S
TO HOSPITALOR ATTENDINE THY TICIAN: The law requires that the death certificate be executed within 24 havins after death. Page 4	E	0	page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	÷
VR	A	15	(4)	
15	M	9/5	9	

ı				CEK	HFIÇA	IE OF L	EAIL					
	1. PLACE OF DEATH o. COUNTY	Prince	George	٨	AARYLAND	2. USUAL RES	Mary.	land	fived. If institution b. COUNTY	n Resident	e before o	dmission) <b>rge</b>
	b. CITY OR TOWN	(If autside ca nearest tawn) 2.10	rporate limits, writ	c LENGTH OF	STAY IN 1b	c. CITY OR	Laur	_	rate limits, write Rt	JRAL and g	ive nearest	town)
	d. NAME OF HOSE OR INSTITUTION DOA Le Lane	d Meno	s haspital, give stri riàl Hosp	eet address) Dital		d. STREET		ntgome	ry Stree	t		RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)	Melv:	First	М	iddle <b>T</b> ]	nomas	ast	4. DATE OF DEATH	Augus		1960	Year 19
	S SEX.	6. COLOR		ARRIED NEVER M	ARRIED	Novembe		1903	9. AGE (In years last birthday) 56 yrs.			UNDER 24 HRS ours Min.
1	during most of we Truck d	orking life, evi	en if retired)		ess or indu: urel		PLACE (Stole	ar fareign c	ountry)	12, CITI	USA	HAT COUNTRY?
	3. FATHER'S NAME					14. MOTHER	'S MAIDEN N	NAME				
1		emiah 3					y Eli:	zabeth	Thomas			
	15. WAS DECEASED EV (Yes, mo, or unknown)		ARMED FORCES?	16. SOCIAL SECURITY 214 16 35		rs. Mely	in The	omes.	Addr Laurel.	ess (arvl:	and	
		EATH WAS CA IMMEDIAT any, which	DUE TO	r line far (a), (b), and Tonar Hunos	y a	referey	600	lu	een		NTERV ONSET Fm	AL BETWEEN AND DEATH
	cause (a), stating cause last	g the <u>under-</u>	(c)	NS CONTRIBUTING TO	O DEATH BUT	NOT BELATED I	O THE TERM	NIAI DICEAC	E CONDITION COU	ENT IN DAD	7.74-) 10-14	WAS ALLYODSY
	ICATIO									EIN IIN FAK	P	ERFORMED?
				DESCRIBE HOW INJU					ill ar item 10.)			
	20c TIME OF INJU		wi wi	d. INJURY OCCURRED  ita Not while work at work	20e. PL for	ACE OF INJURY tary, street, affi	(Hame, farm ce bldg., etc.	, 20f. (City	ar tawn)		(aunly)	(State
	saw the dece		rali.	ended the deced		leath accurre	60, 19 ed at		the causes and			
7	22a BGNATURE	of C	Man	ung	B.	M.D ATTENDI	DI	ED RECTOR	STAFF PHYS		8/	SIGNED
	NAME (Type)	FRA:	KW	CAVER,	JR	22d. ADD	KESS					
	23a BURIAL, CREMAT REMOVAL (Specif	" la	ATE THEREOF	23c NAME OF	/ Lel	R CREMATORY	etery	2	TION (City, town, o	The	d	(State)
	LE Witt	R'S SIGNATU	aldra.	n Lau	rel,	Md.	250. REAL	D BY REGIST	PAR 60 256, RÉGIS	TRAR'S SIC	NATURE	and.



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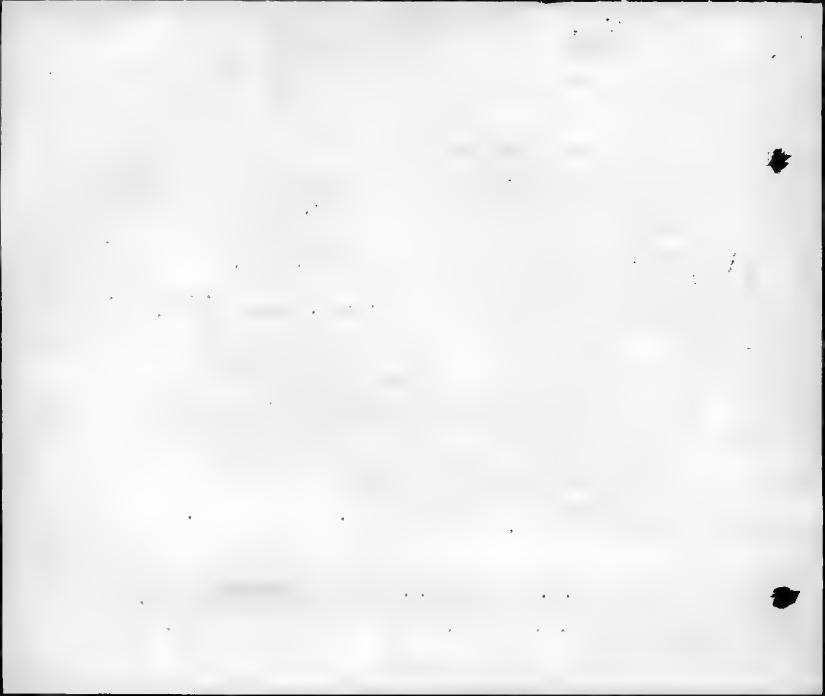
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	1. PLACE OF DEATH					USUAL RESIDENCE (WHO	ere decease					
۱	o. COUNTY	Prince George	ts	MARYLAND		o STATE Maryland	d	b. COUNTY	Prin c	e Ge	orge	tg
/	b CITY OR TOWN	(If outside corporate limits,	write c LENGTI	H OF STAY IN 16	1.	CITY OR TOWN (IF or	utside corpo	orate limits, write R	URAL ond	give nears	est town)	
	RURAL ond give	heverly	2	days	11	Clinton						
-		PITAL (If not in hospital, give	street oddress)		17	d STREET ADDRESS				e.	IS RESI	
		George's Gen	eral Hos	oital		1					YES A	
q"	3. NAME OF DECEASED	First		Middle		Last	4. DATE	Mor	Uh	Day	Y	eor
	(Type or print)	Eugen	e		f	Thompson	OF DEATH	A	ugust	6	11	60
	5 SEX	6. COLOR OR RACE 7	MARRIED NE	VER MARRIED	8. D	ATE OF BIRTH		9 AGE (In years lost, birthdoy)		YEAR II	-70	
	Male	Black	IDOWED 📑	DIVORCED	١.	31 Oct. 186:	3	96 yrs	Months	Doys	Hours	Min
	100 USUAL OCCUPA	TION (Give kind of work don orking life, even if retired)	e 10b. KIND OF B	USINESS OR IND	USTRY	11 BIRTHPLACE (Stote of	_	ountry)	12. CIT	ZEN OF V	VHAT CO	DUNTRY?
	Retir		Farme	r		Maryland	1		U.	S.A.		
	13 FATHER'S NAME	man Thompson			14	MOTHER'S MAIDEN N						
	o oran orange	marr TrionDoor				Catherine	Proct	or				
	15, WAS DECEASED E	VER IN U. S. ARMED FORCES  (If yes, give won or dates of service		CURITY NO. 17.	INFOR	MANT		Rt. 1, Bo	£ 687	A .		
	(Yes. no. se unknown)		NONE	F	ran	cis L. Thom	ngon	Clinton	1/2 20	rlond		
İ	18. CAUSE OF D	EATH [Enter only one couse	per line for (a), (	b), and (c).]		-1			y-00-1	INTER	VAL BET	WPEN
	PART I, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tol.	monn	10	Edemin	7			01132	4-1	665
	167	DUE TO	11		7	1					<u> </u>	
	Conditions, if	Conditions, if only which ) (b) (ACC) n CMIA TOSIS										
	gove rise to couse (o), stotis	immediate ( DUE TO	4.5	1)			- 1				)	
	lying couse los		Gran	c-K09	8/1	TC COA	rci	norn A				
	PART II C	THER SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BL	T NO	RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(o) 19.	WAS A	UTOPSY
	CAT										YES Y	
	PART II C	WAS UNDERLYING 20	b. DESCRIBE HOW	/ INJURY OCCURR	ED (E	nter nature of injury in P	ort Lar Pa	rt II of item 1B.)				Ν,
		FY MEDICAL EXAMINER)										
	WE DE INJ		20d. INJURY OCC	6		OF INJURY (Home, form, street, office bldg., etc.		y or town)	(	County)		(Stote)
	∑ P. n	10	While Not v	VIIII		moon, villag biegs, olos	1					
	21 I certify t	hat (I) (this haspital) c	tteaded the o	leceased fram	Αï	g 4 19	60 _{ta}	Aug. 6	19	60 tha	t fft fo	vet las
	saw the dece	ased alive an Aug	0 196			h accurred at 12,	,	the causes ar				
	220 SIGNATURE	-> /	01	7)	ocui		1137 11 13111	1110 000000	10 017 111		7	DATE
		- James	a Cle	ella	MD	ATTENDING PHYS DIE	D. RECTOR	STAFF PHYS		81	7/6	SIGNED
	22c. PHYSICIAN': NAME (Type	1/				22d ADDRESS	River	della Des	د	1	//	
	INAME (Type	Dr. C. Jar	nes Duke,	M.D.		ORI*		erdale.	Ma			
	23a BURIAL, CREMA		23c NAA	ME OF CEMETERY	OR CR	EMATORY	23d LOCA	TION (City, town,			(Stote	)
	Burial (Speci	fy) Aug. 9, 19	960 St.	John			Clin	iton, Md.				
	24 FUNERAL DIRECTO		1/ ADDI	RESS A			BY REGIS	TRAR 256 REGI	STRAR'S SE	GNATURE		
	Hon	11 Foneol	Hones	Walde	-ul	DATAUG	10'6	0 and	Chur S.	Kraus		

TO HOSP—ILOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital or ottending physician.

TO FUNEXAC DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in may event, within 72 hours often death

VR A15 (4) 15M 9/59



09528

#### 9511 **CERTIFICATE OF DEATH**

	901	CERTIFICA	TE OF DEATH	Reg.	Reg. Dist. No.			
	1. PLACE OF DEATH  o. COUNTY  Pringe County	MARYLAND	2. USUAL RESIDENCE (When a STATE Maryland	re deceased lived. If institution, Resi b. COUNTY ANNE Arune				
		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
	Laurel		Odenten	0.3	V 63			
tr'	d. NAME OF HOSPITAL (If not in hospitol, give street of or institution aurel General Hospital	ddress)	d street address 211 Rita Dr:	ive	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First DECEASED	Middle		4. DATE Month	Day Year			
	(Type or print) Laura		Wallace	DEATH August	11 19 60			
		ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.			
	Female White WIDOWE		May 26, 1882	fost birthday) Month	hs Days Hours Min			
	10a USUAL OCCUPATION (Give kind of work done 10b. k during most of working life, eyen/if retired)	1.	17/. (/.	r foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	Hame.	14 MOSTHER'S MAJOEN NA	rely	0-2/4			
	William C A	l far	14 MOTHER'S MANDEN NA	a. Simple	1			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address				
	no -		Hespital	Records				
	PART I. DEATH (Enter only one couse per interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpretation of the part interpre	Pople	STOLLE TO THE TERMIN	AL PISEASE CONDITION GIVEN IN	PERFORMED?			
	20a. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter noture of injury in Pa	art I or Port II of Item 18 )	YES NO			
	Hour o. m. While	Nat while at work	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f (City or town)	(County) (State)			
	21. I certify that I arrended the decease alive on	and that death	7	M, from the causes and at DORESS (Street, city or town, stote)	t I last saw the deceased in the date stated above.  DATE SIGNED			
	220. BURIAL CREMATION, 22by DATE THEREOF  REMOVAL (Specify)  June 15 / 960	22c. NAME OF CEMETERY OR	crematory 2	Haucester	ty New Strale			
	23. FUNERAL DIRECTOR'S SIGNATURE	Launt 1	240. REC'D	15'60 Chilan &				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ined by the hospital or ostending physicion.

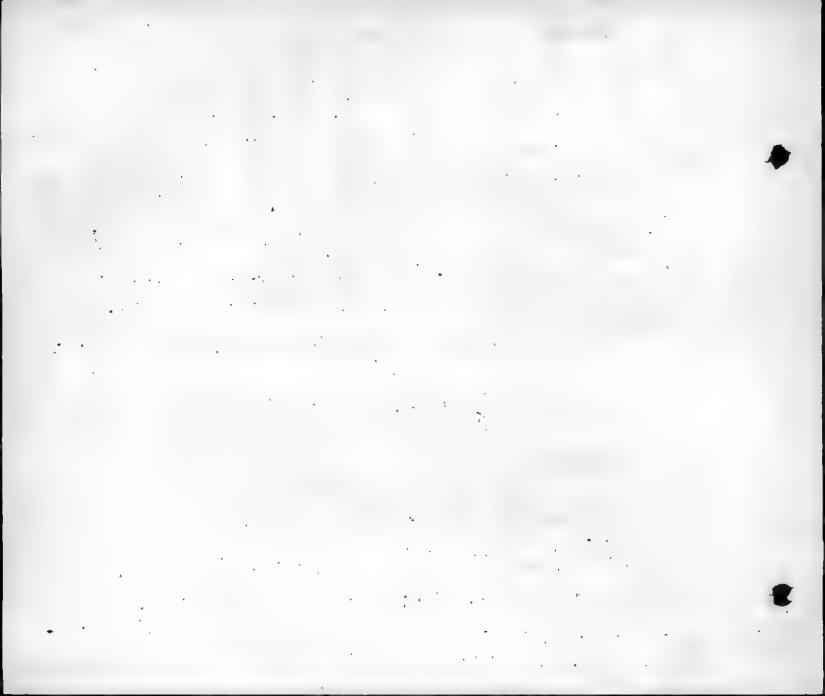
TO FUN.

DIRECTOR: After this certificate has been signed by the attending physician and completely fill. By the funeral director, page 3 should be detached for use as the buriol-Iransit permit. Then please remove corban papers. Pages Nond 2 should be filed with the registror prior to buriol, crematian, or removal, and in any event within 72 hours ofter death.

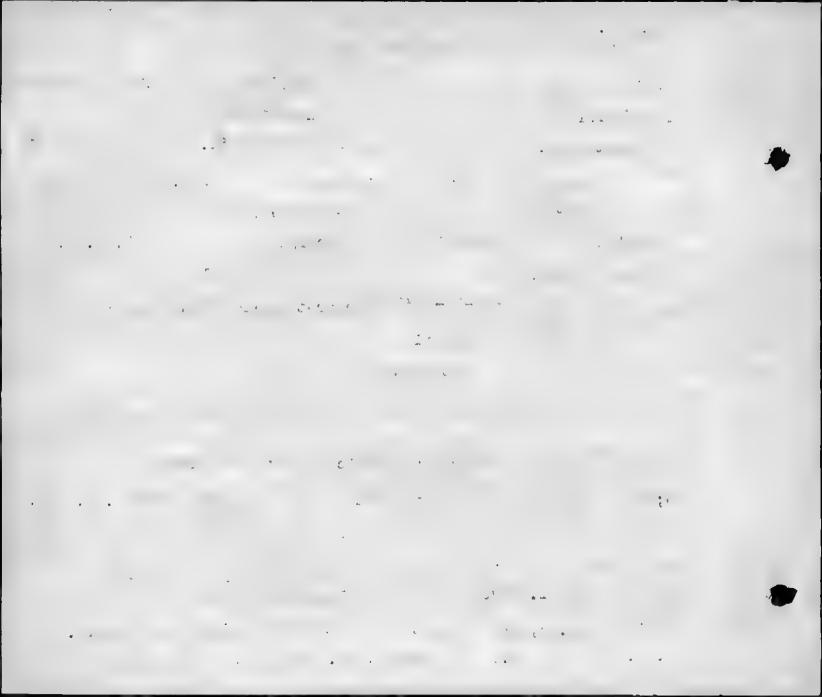
VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE Peli COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. GJTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL-and give regrest town shauld NAME OF HOSPITAL (If not in hospital prive street address) d. STREET ADDRESS e. IS RESIDENC OR INSTITUTION ON A FARM day YES NO NAME OF Middle DATE Last Manth Year DECEASED OF DEATH Fille (Type or print) 1960 أشأة 9. AGE (In years of UNDER I YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR BACE 7. MARRIED. NEVER MARRIED B. DATE OF BIRTH DIVORCED [ WIDOWED [ 10a. USÚAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo OFINE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME B physicie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT otte≣ding | INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which peub gave rise to immediate DUE TO couse (o), stoting the underlying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, , 20f, (City or town) Day, Year 20d. INJURY OCCURRED (Slole) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work . 19 Phat I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at QUN from the causes and an the date stated above. alive an__ DIRECTOR ADDRESS (Street, city or town, state) SIGNATURE Ф 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d ADCATION (CIty, town, or county) 22c. NAME OF CEMETERY OF CREMATORY (State) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE ( 24a, REC'D BY REGISTRAR VS A15 (4) DAKIIG 15 '60 arthur L. Thousa 15M 9/58



LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) a. COUNTY Page play is necessary, eral director. Page b. CITY OR TOWN (if outside corporate limits, Prince George MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) and give nearest town) Langly Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 1209 Ruatan St. 1209 Ruatan St. YES NO D 3. NAME OF Middle DATE Month DECEASED Faitt (Type or orint) DEATH Waters ... with 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED fig. 2, a rage 5 m. 1 and 2 w. last birthday) Months Male January 26, 1920 WIDOWED I DIVORCED IDe. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 1.12. CITIZEN OF WHAT COUNTRY? in Item 18. Give Pages 1, 2 ng with form PM3. Page dona during most of working life, even if relired)
Technician Dental U. S. A. Georgia pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Waters Self File os no, or unkown) (Hyosojiyo warordolosofsorvice) WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Office along with for burial-transit permit, movel, and in any g Margaret Waters Same as 18. CAUSE OF DEATH [Enlar only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Smothering gava rise to immediate causa DUE TO (e), stelling the underlying cause last. be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word forwarded to the Chief Medical L DIRECTOR: Page 3 should b NO X 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) Secured a plastic bag over his head CAUSE OF DEATH 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (actory, streat, office bldg., atc.) White Not While ,60 Langley Park P. Md. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection X, Inquiry K and in my opinion Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER + James I. Boyd Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22s. BURIAL CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, lown, or country) (State) 1960 Arlington National Arlington, Virgini g40 p 23. FUNERAL DIRECTOR VS. A15ME W. W. CHAMBERS CO... Riverdale, Md. DAMIG 15'60 5M 7/59



	STATE DEP	ARTMENT	OF	HEALTH-BALTIMORE,	18
9565	CERT	IFICATE	OF	DEATH	

PRINCE GEORGES  MARYLAND  2 USUAL RESIDENCE (Where deceased lived I if institution Residence)  PRINCE GEORGES  MARYLAND  DISTRICT OF COLUMBIA b. COUNTY  DISTRICT OF COLUMBIA b. COUNTY  CAMP SPRINGS (RURAL)  34 HOURS  WASHINGTON DC	
b. CITY OR TOWN (If outside corporate limits, write   C LENGTH OF STAY IN 1b   C CITY OR TOWN (If autside carporate limits, write RURAL and give negrest/rown)	and give nearest town)
	1 -3
d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION USAF HOSPITAL ANDREWS  d STREET ADDRESS 3327-14th Place, SE	e. IS RESIDENCE ON A FARM? YES NO X
	SUST 9 1960
MALE CAUC WIDOWED DIVORCED 7 AUG 1960 lost birthday) yrs	nths Days Hours Min
NA NA MARYLAND	2 CITIZEN OF WHAT COUNTRY?  USA
WILLIAM M WEBB JUKO TAKEDA	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT RECORDS  NA NA NA NA NA NA NONE RECORDS	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  A CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH 34 HOURS
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.  DUE TO  (b)  Assuraturity  (b)  (c)	34 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING CORE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18)  20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m.  p.m. 19 While Not while of work of two work of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two of two o	(Caunty) (State)
alive on 1900, and that death accurred at 457M, from the causes and at ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE OF THE ANDREWS	9 August 1960
PHYSICIAN'S ARNOLD A ABRAMO CAPT USAF MC USAF HOSPITAL ANDREWS ANDREWS ANDREWS ANDREWS ANDREWS AND CAPT USAF MC USAF HOSPITAL ANDREWS AND CAPT USAF MC USAF HOSPITAL ANDREWS AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF HOSPITAL AND CAPT USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC USAF MC U	unty) (State) DC
23. FUNERAL DIRECTOR'S SIGNATURE  D. J. Morgue  Washington,  24g. REC'D BY REGISTRAR  24b. REGISTRAR	

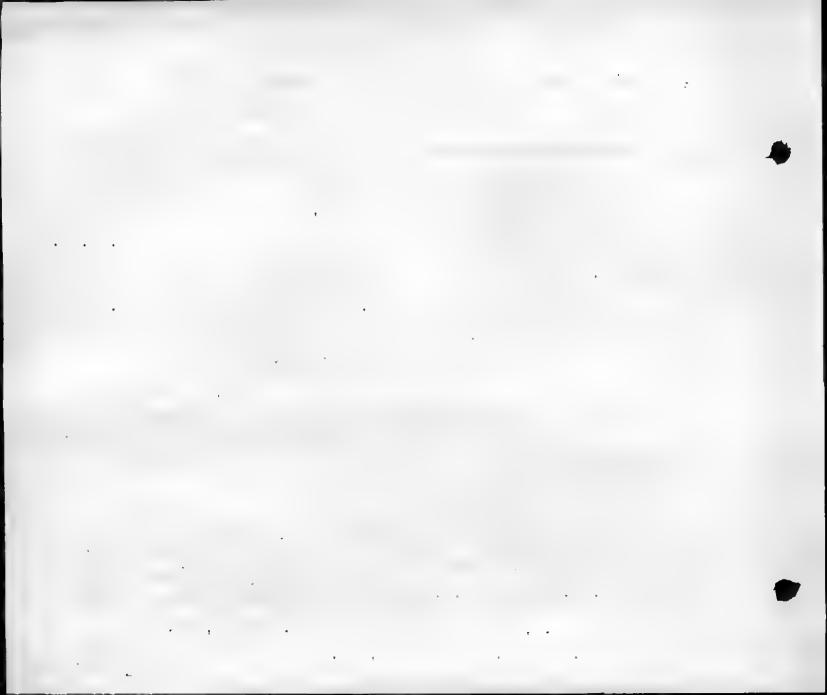


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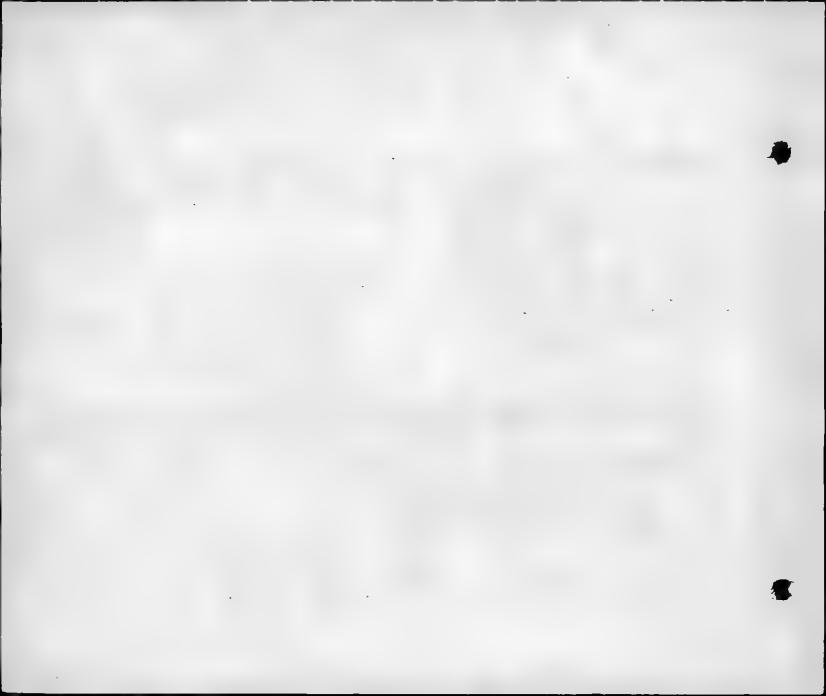
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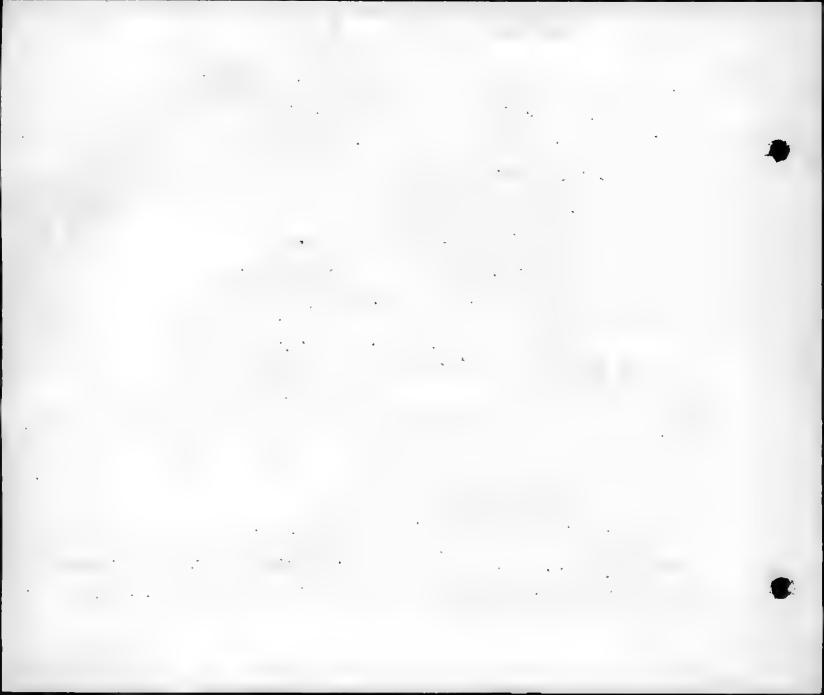
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ı						
		LACE OF DEATH		2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution Residence	before admission)
		Price Georges	MARYLAND	Maryla		e Georges
	Ь	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	. c. CITY OR TOWN (If a	utside corporate limits, write RURAL and gr	ve nearest town)
		Cheverly	2 days	- Wakhin	gton 22	
-,	C	I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
/		Prince Georges General	l Hospital	7368 A	llenton Road	YES NO
	3. ľ	IAME OF First	Middle	Last	4. DATE Month OF	Day Yeor
		Type or print) Nona	Garfield	Weese	DEATH August	31 19 60
	5 \$		RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF JNDER I	YEAR IF JINDER 24 HRS
		Female White WIDOW		May 2, 188		Days Haurs Min
	10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			EN OF WHAT COUNTRY?
		Housewife  O	wn Home	West Vir	oinia U	. S. A.
1	13. (	FATHER'S NAME	WII HOME	14. MOTHER'S MAIDEN N	V	
		Henry J. Lark		Eliza B	rewer	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	IFORMANT	Address	
	£1 (43)	No	None W	m. Twigg 7	368 Allentown Rd	. Washingt
		18. CAUSE OF DEATH   Enter only one couse per li				INTERVAL BETWEEN
i		PART I. DEATH WAS CAUSED BY:	Tovomia.	Somedary	La	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	10 revous	secount.	10	
		5/0,5 DUE TO	11	A Rout	740	
		gove rise to immediate (b)	Leveraly	y Jerry	sweet .	
		couse (a), stoting the under DUE TO	DO D. HE	The Dental	to seaward + bang	rene
		lying couse lost. (c)	1 cusoraca	on of the	W/- //w	
	CERTIFICATION	PAM II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	OT REMATED TO THE TERMI	INAL DEALE CONDITION G VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	S		1 3	measury	acsumency	YES NO
	E	200. ACCIDENT WAS UNDERLYING A 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item 18.)	
	8	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Ĭ	20c TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, farm		ounty) (State)
	MEDICAL	Hour a.m While	Nat while	ctory, street, office bldg., etc	-)	
	2	p. m 01 W0		Aug an	1. 1.2 21.6	<u> </u>
ľ		21. I certify that (I) (this haspital) atten-		1 1		
		saw the deceased alive an Hva 2	10, 19,60, and that a	leath accurred at 4.1	MAMom the couses and an the	
		22a. SIGNATURE	I SMIT	ATTENDING M	ED _ STAFF _	C/3 / SIGNED
		(Villiams).	issow m.	M.D PHYS DI	RECTOR D PHYS D	0/1/60
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 53	04 Hmapolis	· Kela
		W. D. Rosson	, M.D.	13	la doustrebra. 12	randand
	23a	BUR A., CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d LOCAT ON (City, town of county)	(State)
	_	urial Sept. 3, 196		onite Cem.	Pinto. Md.	
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
		Charles L. George,	Cumberland		9 11 12	
				I DATE A	LU D LIU I CONTE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY O. STATE b. COUNTY MARYLAND burial c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give affect address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO I NAME OF DATE First Middle Lost Month Day Year DECEASED 0 DEATH (Type or print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED TO NEVER MARRIED 12 Min. Months Havrs WIDOWED [7] DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHQLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME may pages 40 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address Fie Give Give PM3. permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (a) **DUE TO** Canditians, if ony, which gave rise to immediate cause Office alang **DUE TO** (a), stoting the underlying couse last. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 50 PERFORMED? YESTA NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) CAUSE OF DEATH should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.) Not while O. m. at work at work p. m. 21. I certify that I taak charge af the remains described abave, held an Autapsy 🔀. Inspection Inquiry and find that to the Chief / death resulted from: Natural causes . Accident , Suicide . Hamicide 7. Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) cute 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY (State) REMOVAL (Specify) 0 una ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAK'S SIGNATURE DATE AUG 2 9 '60 VS. A15ME(S) & Flrance SM 9/5S





VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9567
CERTIFICATE OF DEATH

## **CERTIFICATE OF DEATH**

09536

Reg. Dist. No.

	PRINCE GEORGE	S	MARYLAND	DISTRICT OF	ere deceased lived finstitut COLUMBIA		fore admission)	-			
	RURAL and give negrest	de corporate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON . DC:							
	CAMPT SPRINGS	*	8 HRS		DG.		1 1				
,()	USAF HOSPITAL	not in haspital, give street ANDREWS	o daress)	2905 POMERO	RD SE		e IS RESIDENC ON A FARM YES NO	12			
	3. NAME OF DECEASED (Type or print)	JOYCE First	Middle ELLEN	WILL IAMS	OF	onth I	Day Yeor 4 1960	)			
			RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER TYEA	AR IF UNDER 24 H				
	FEMALE N	EGROID WIDOWI	ED DIVORCED	4 AUGUST 1960		Transfer Days	18 146	3.			
	10a USUAL OCCUPATION (G during most of working life	ive kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNT	RY?			
	NONE		NA	MARYLANI		USA	\F				
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
	EARL L WILLIA	MS		SHIRLEY L	ELLIS						
,	15. WAS DECEASED EVER IN L	J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT		dress					
	5.7.4	NA	NONE F.	ATHER	SAME AS #2						
	1B. CAUSE OF DEATH	Enter only one couse per lis	ne for (o), (b), and (c).]			[IN	ITERVAL BETWEEL	N			
	PART I DEATH W	01	ONSET AND DEATH								
	17/2 MM	IMMEDIATE CAUSE (o) CATRONE PREWATURITY									
	002,	Conditions if any which ATELECTASIS									
	Conditions, if any, w	(6)	(IEFECIVOIO				8 HRS				
	couse (o), stating the ur	couse (o), stoting the under-									
	lying couse lost.	(c)						_			
	PART II. OTHER SIG	VEN IN PART 1(0)	PERFORMED	?							
	D ACCIDENT WAS NOT	DEMINISTRATION DESCRIPTION	COLOR HOLD IN IN A COLOR	TO 47	3 ( 1		YES NO.	<u> </u>			
	PART II. OTHER SK	AUSE OF DEATH CAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in t	or or for it of item is.;						
	20c. TIME OF INJURY MO	While		ACE OF INJURY (Home, form ctory, street, office bldg, etc.		(Count	y) (St	ate)			
			ed from 4 AUGUS	T 10 60 - 4	AUGUST 1960			_			
	alive an 4 AUGUS	arrended rne deceds									
	alive on 4 hours.	SI , 19 6	ond that death	accurred at 1030A							
	ACTUAL (1877)	11161. 6		. 1	ADDRESS (Street, city or town		DATE SIGN				
3	SIGNATURE	racy Cse.	161. JEHL	M.O. USAF HUSP	ITAL ANDREWS	4	AUGUST	196			
1	PHYSICIAN'S ARNOI	LD A ABRAMO,	CAPT USAF MC	USAF HOSP	ANDREWS ANDRE	WS AFB W	IASH 25 D	C			
	220 BURIAL, CREMATION, 23 REMOVAL (Specify) Cremation	26. DATE THEREOF 8-5-60	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Washingt	***	(State)	=			
	23. FUNERAL DIRECTOR'S SIG		ADDRESS			ISTRAR'S SIGNAT		_			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	,156ura			3-shun 8. H					
				DATE A	00 9 00						



E M	9440 CERTIFIC	CATE OF DEATH	119557 Reg. Dist. No.
(V)	b. CITY OR TOWN (If outside corporate limits, yrite RURAL and give nearest tawn)  A NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION.	c. CITY OR TOWN (If outside corporate fur	o. COUNTRAINCE TO TO
* 4	3. NAME OF DECEASED (Type or print) EMMA ANNA	Willis 4. DATE OF DEATH	YES   NO
	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGI	E (In years   IF UNDER 1 YEAR IF UNDER 24 HRS birthday)   Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of warking life, even if relired)	OUSTRY 11. BIRTHPLACE (Stole or foreign country) Germany	Germany
	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unki	nown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	wdolph M. Wittig-	5002-54- Hyattsvill
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	+ MALNUTRITION	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  Conditions, if any, which (b) CENERALIZ  DUE TO  CONDITION  (c) ANCER	ED ARTERIOSCLE	PANY YEAR
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		PERFORMED? YES NO 15
	OR CONTRIBUTING COLORE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of i	ilem 18)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Hour o m. While Not while at work 19 at work 19	PLACE OF INJURY (Home, farm, 20F. (City ar low factory, street, affice bldg , etc.)	yn) (County) (State)
	21. I certify that I attended the deceased from AUG: alive on AUG: 10 , 19 60 , and that dec	th occurred at 54M, from the co	
1	ACTUAL HEAVY R. WERE	ADDRESS (Street, ci	
	PHYSICIAN'S Henry R Wolfe	Hyattsvill	
	70. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY REMOVAL (Specify) 8/13/60 Ft Lincoln		City, town, or county) (Slote)  Manor. Md.
1.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	24a. REC'D BY REGISTRAR DATE AUG 1 5 '60	24b. REGISTRAR'S SIGNATURE  Colling & Hosens

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



0599

VR A1S (4) 15M 9/59

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE
EVINCE SCOTTE MARYLAND	Varyland trince ( con
b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	Cole vi Dale
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION I	ON A FARM?
Melang : lemend dest	YES NO D
NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH Qua 20 1960
SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR lost birthday)  7. Months Days Hours Min
Ga. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	
during most of working life, even if retired)  Constructio	in 4d tus.t
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wood	Emma R -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 1	INFORMANT & Address
[Yes, no, or withnown] [If yes, give war or dates of service]	Haspitel Record
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	My Mars and DEATH
DUE TO	
Colonia Maria	and to fluein
Conditions, if any, which gave rise to immediate	
cause (a), stoting the under DUE TO	w,
lying cause last. ) (c)	The Mark Mark Mark Mark Mark Mark Mark Mark
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED?  YES NO [
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (Stat
Hour a.m. While Not while sp. m. 19 of work at work	actory, street, office bldg , etc.)
₹ p, m, '' of work or work	17 77 9 - 671
21 I certify that (I) (this hospital) attended the deceased from.	19 ±8, ta 8 = 30, 19 €4, that (I) (we) la
saw the deceased alive an 2	death occurred atM, from the causes and an the date stated above
220. SIGNATURE	ATTENDING MED STAFF SIGN
22c PHYSICIAN'S NAME (Type)	May Dovers Comprised Dr. 2.27
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City town, or county) (Stote)
REMOVAL (Specify) Aug 23 1060 Ft Times 1	
Buriae	Cemetery Colmar Manor Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Theater.	DATE



director

funeral

Filled

pup

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signed

been

certificate

DIRECTOR:

9

physician.



		3.10h	CERTITI		DEATH			,,,	004	U				
7.	PLACE OF DEATH	e George	MARYLA	o. ST.	RESIDENCE (WATE		ince Geor		before admis	sion)				
		f outside corporate limits, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Chever	lv	16 Min	X	owie									
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street			REET ADDRESS				ON	SIDENCE A FARM?				
L	Prince	George General	Hospital	Bo	wie Race	e Trac	k Road		YES	NO 🗌				
3.	NAME OF DECEASED (Type or print)	First  Baby Boy	Middle	Wo	last	4. DATE OF DEATH	Mont	th 1.0	Day 9	Year 19 60				
S.	SEX		RRIED NEVER MARRIED	B. DATE C	F BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.				
	Male	Coloredwidov	VED DIVORCED	_	. 19,	1960	lost birthdoy) yrs.	Months Do	ys Hours	10				
10	o. USUAL OCCUPATIO	ON (Give kind of work done 10bking life, even if retired)	. KIND OF BUSINESS OR	INDUSTRY 11, E	BIRTHPLACE (Stole	e or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY?				
22		ang me, even it rented)		11.110	Mary Land				U.S.A					
13	, FATHER'S NAME				THER'S MAIDEN									
	Willi	am Woodson		Me	ry Eller	n Quee	n							
			. SOCIAL SECURITY NO.	17. INFORMAN			Addr	ess						
	ou, res, or severally	in yes, give wor or ourse or service)		7	other		Same							
	18 CAUSE OF DEA	ATH   Enter only one couse per	line for (a) (b) and (c) 1		TO OTTOIL		Danie	1	INTERVAL B	FTWEEN				
		TH WAS CAUSED BY:	Atelectasis	ä				1	ONSET AND	DEATH				
	767	DUE TO			-									
	Conditions, if o	ny which \	Prematurity	•										
	gove rise to i	mmediate	Fremarurit,											
	couse (a), stating	the under- DUE TO												
_	lying couse lost.	) (c)						1						
CERTIFICATION	PART II, OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELA	TED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART 1	o) 19. WAS PERFO YES	DRMED?				
FIC	20g. ACCIDENT WA	AS LINDERLYING [7] 206 DE	SCRIBE HOW INJURY OCC	LIRRED /Enter n	oture of injury in	Port Lor Poi	rt II of item 18.)		120	, 100				
		AS UNDERLYING   20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	oc.ioc ito it is to ki occ	entes, temes	orale of this y									
MEDICAL	20c. TIME OF INJUR			e. PLACE OF IN	UURY (Home, form	m, 20f. (Cit	y or town)	(Cov	nty)	(State)				
MED	Hour o.m.	19 While of we		ractory, stree	t, office bldg., et	C.)								
	21. I certify the	it (I) (this haspital) atter	ded the deceased fr	amAu	2. 19 19	60, ta	Aug. 19	1960	that (1)	(we) last				
	saw the deceas	sed alive an Aug. 1	919_60 and th	at death ac	curred at 12	: 25 A-M	the causes an	d on the d	ate stated	d above.				
	22a. SIGNATURE	0 (1)	1.							26. DATE				
	gal	wa Tu	an	M.D. PHY	S. D	AED.	STAFF PHYS.			SIGNED				
	22c. PHYSICIAN'S	Dr. John Pe	rkins, M.D.		LO3 Hami									
_	16/		7			ville,								
23	Id. BURIAL, CREMATIC REMOVAL (Specify)		20c. NAME OF CEMETE			23d. LOCA	TION (City, town, o	or county)	(Sto	te)				
(	Crewation	184-R4-60	Prince Geor	ge's Ge	n. Hosp.	Chev	verly,	MARYL	AND					
24	FUNERAL DIRECTOR	SSIGNATURE	ADDRESS		2So. REC	D BY REGIS	TRAR 25b. REGIS	TRAR'S SIGN	ATURE					
	Kleszny C	V Venn	Harry W. P	enn, Jr	DATE	ED 7 1	60 0	Thur 8 t	Traud					
			/ paministra		- 8	EF-1		2	V 500001					
	///	0003X1VV	Di											

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	The English			

y the funeral director. 

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPIT

VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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o. CONTINCE Georges	MARYLAND	2. USUAL RESIDENCE (W)	here deceased lived. B. <b>nd</b> .		-	ssion) eorges
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Chillum	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Chillum	autside carporate limi	ts, write RURAL and	give nearest fav	vn)
d. NAME OF HOSPITAL (If not in hospital, give street of OKINSTITUTION 5810 Riggs Rd.	ddress)	d. STREET ADDRESS 5810 Rig	gs Road	1	ON	SIDENCE A FARM?
3. NAME OF First (Type or grint)  Signature of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	n F. Young	Last	4. DATE OF DEATH	Month	Day 17	1960
S. SEX Jamele 6. COLOR OR RACE 7. MARRI	D DIVORCED	8. DATE OF BIRTH 4/7/85	75	birthday) Manths yrs.	Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. I Uduring most of working life, even if relired) FOVERNMENT Treas	ury Section	Washing	ton, D.C		J.S.A.	COUNTRY?
J. Spencer Frazier	Chief	14. MOTHER'S MAIDEN N	e Morgan	L		
(Yes, no, or unknown) [If yes, give war or dates of service]	no	MI I. Pud		O Riggs		
18. CAUSE OF DEATH [Enter only one cause per lin  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.	· ·	steer Lear	N dises	esa-	ONSET AN	BETWEEN D DEATH
RATE II. OTHER SIGNIFICANT CONDITIONS CO	4) Kigh Bus	en mit ey!	Ensele m	etrobasio	PERF	AUTOPSY ORMED?
	RIBÉ HOW INJURY OCCURRI					
Hour o.m. 19 While at work	Nat while fo	ACE OF INJURY (Hame, farm actory, street, affice bldg., etc	n, 20f. (City or town	n) (i	Caunty)	(State)
21. I certify that (I) (this haspital) attends saw the deceased alive an aug 14				ouses and an the	2	d abave.
22c. PHYSICIAN'S NAME (Type) F.X. COUY +	NEY MA	224 4000000	ED. STAF	W Hosh	ug 17-	SIGNED
236. BURIAL, CREMATION, 236, DATE THEREOF BULL 181 8/19/60	23c. NAME OF CEMETERY C		Washi	ity, tawn, ar county)	G	ote)
FD: /3 YF 77 1	1 Adorsh St. hington 9,		O BY REGISTRAR	256. REGISTRAR'S ST		

